

Mental health services in the Kingdom / Kingdom of Saudi Arabia, Ministry of Health.

Contributors

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**KINGDOM OF SAUDI ARABIA
MINISTRY OF HEALTH**



**MENTAL HEALTH
SERVICES IN
THE KINGDOM**

1982

SHEPHERD COLL
/SAU



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**MENTAL HEALTH SERVICES
IN THE KINGDOM**



HIS MAJESTY / KING KHALED BEN ABDUL AZIZ

SHEPHERD COLLECTION

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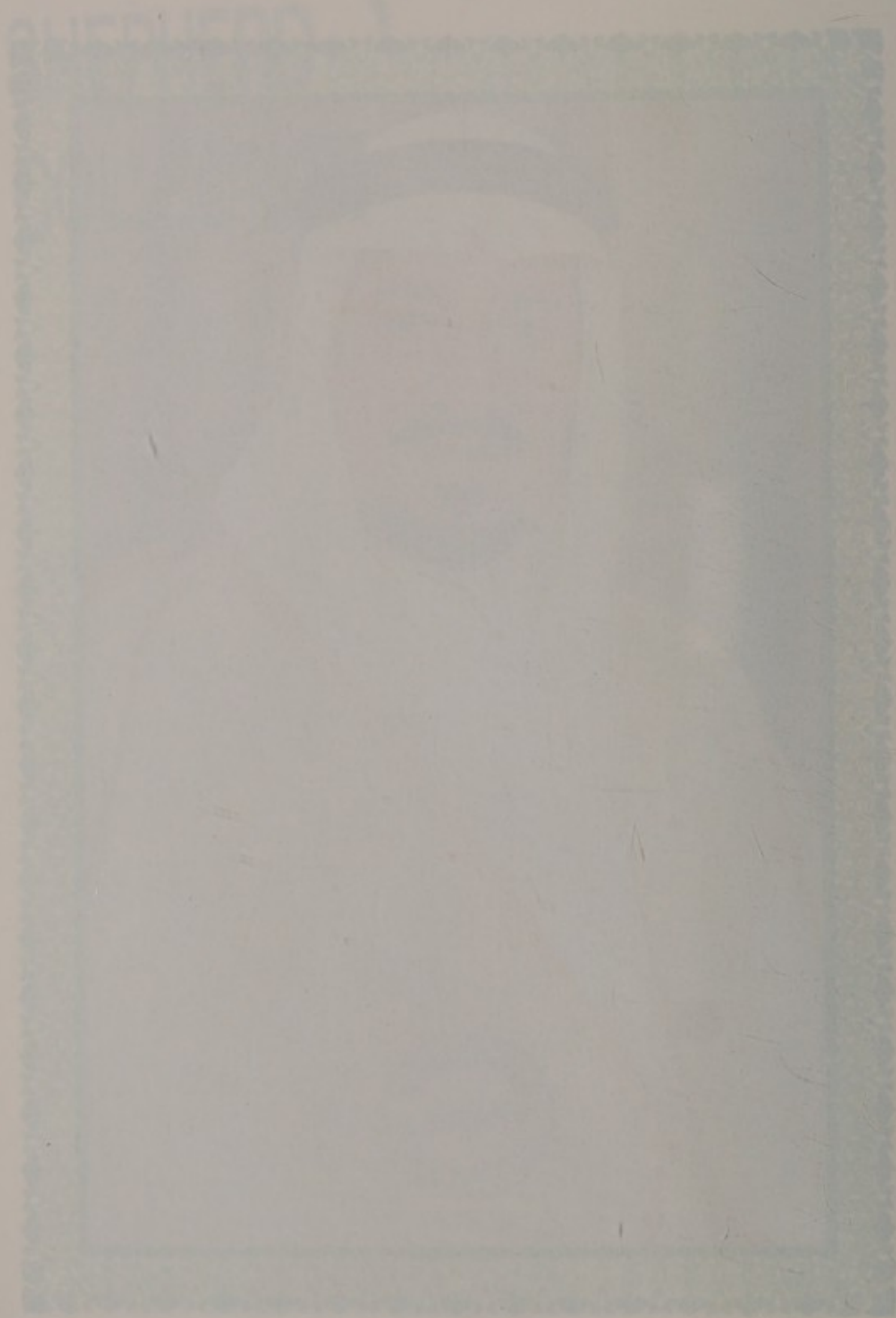
MENTAL HEALTH SERVICES
IN THE KINGDOM





HIS ROYAL HIGHNESS PRINCE FAYD IBN ABDUL AZIZ

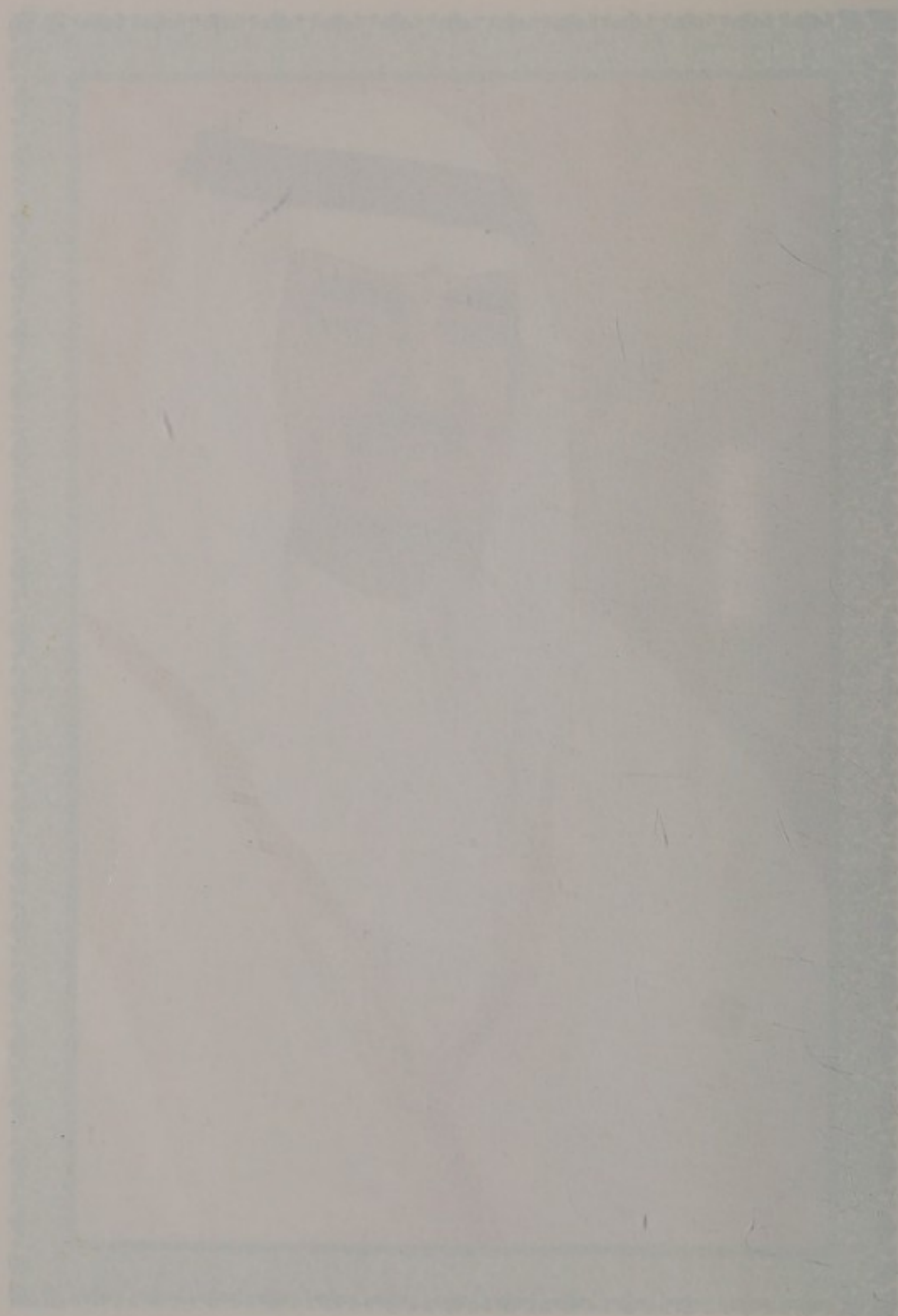
HIS MAJESTY KING KHALED IBN ABDUL AZIZ



HIS MAJESTY KING KHALID IBN ABDUL AZIZ



HIS ROYAL HIGHNESS PRINCE FAHD IBN ABDUL AZIZ
CROWN PRINCE & DEPUTY PRIME MINISTER



HIS ROYAL HIGHNESS PRINCE SAAD BIN ABDEL AZIZ
CROWN PRINCE & DEPUTY PRIME MINISTER



H.E. DR. HUSSAIN ABDUL RAZZAQ ALJIZAIRY
MINISTER OF HEALTH



MINISTER OF HEALTH
H. E. DR. HUSSEIN ABDEL KAZEM AL-BASRI

INTRODUCTION :

First edition of this booklet was written two years back in 1980. A lot of changes has occurred in these two years. Moreover, the previous booklet had two parallel versions written in English and Arabic. This new edition is a full revision of the old one.

Speedy
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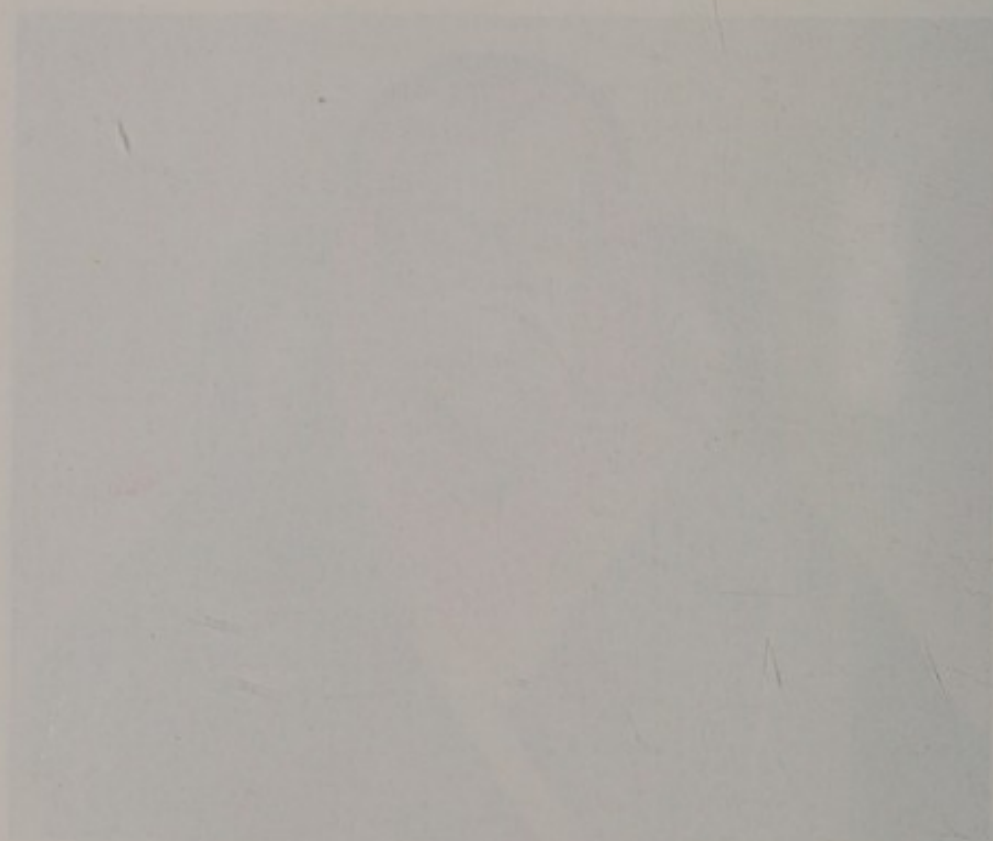
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DR. OSAMA M. AL-RADI
(DIRECTOR MENTAL HEALTH SERVICES)
PSYCHIATRIC HOSPITAL TAIF

Director Psychiatric Hospital, Taif,
And Supervisor of Psychiatric Services,
KINGDOM OF SAUDI ARABIA

March 1982



DR. GYAMA M. ALKAWI
(DIRECTOR GENERAL HEALTH SERVICES)
PSYCHIATRIC HOSPITAL, BAGDAD

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First edition of this booklet was written two years back in 1980. A lot of changes has occurred in these two years. Moreover, the previous booklet had two portions; one was written in English and other in Arabic. Arabic portion was covering all details of mental health services but English portion was lacking in it. Present booklet covers all these information and gives the reader a full idea of mental health services in the Kingdom.

Speed of progress in psychiatric services is very satisfactory like any other field of life of Kingdom. This is all due to over all policy of the Government to provide all possible facilities of life to its citizens in a minimum time.

By reading this booklet reader can foresee the future of psychiatry in this country. Through these lines I thank all concerned authorities who provided every facility in this field and pray from God to give us power to serve mankind in a best possible way.

Dr. Osama M. Al-Radi,
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1. A BRIEF HISTORY BEFORE THE PRESENT SERVICES.
2. PSYCHIATRIC HOSPITAL TAIF.
3. REHABILITATION CENTRE TAIF.
4. SHORT STAY PSYCHIATRIC UNITS.
5. EDUCATIONAL COURSES AT TAIF HOSPITAL.
6. TRAINING COURSES AT TAIF HOSPITAL.
7. CO-ORDINATION BOARDS FOR PSYCHIATRIC SERVICES.
8. FUTURE PLANNING.
9. STATISTICS.
10. REMARKS FROM THE VISITORS BOOK.
11. CURRICULUM FOR THE DPM COURSE.

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BRIEF HISTORY OF THE DEVELOPMENT OF PSYCHIATRIC SERVICES IN THE KINGDOM OF SAUDI ARABIA

Saudi Arabia is a vast country with an area of two million square kilometers and approximately one fifth of the inhabitants still leading a nomadic or semi-nomadic life. To provide medical coverage in these circumstances is a quite difficult job.

Another problem in this regard is the cultural belief to which Dr. T. A. Baasher, regional WHO adviser to mental health mentioned in his report No. EM/MENT/59 year 1973 that mental illness is believed to be caused by Ginn (GHOSTS) evil eye or magic practice. Although due to socio-economic development and education, condition are very quickly changing. Moreover due to Govt. keen interest in field of health shown by allocating large budgets to the health ministry, progress has become quick, specially in the field of mental health.

SITUATION PRIOR TO BEGINNING OF MENTAL HEALTH SERVICES :

Before 1370 H. (1950 M.) there was no proper arrangement for mentally sick patients. They were isolated from society and kept in a house. This house was known to public as BIMARASTAN. In this house patients were kept tied-up, or hand cuffed and were dealt as prisoners. One of such house used to be in Mecca in the beginning with about one hundred patients. Then it was shifted to Taif because of the better climate. In Taif first it was in Mathna which accomodated about 150 patients. Then it was shifted to Hawayya another suburb of Taif and lastly to Qarwa also a suburb of Taif.

It was the year of 1382 H. (1962 M.) when first psychiatric hospital was built and started functioning. Primarily it was a single storey building & in the beginning it had only 240 beds but the number of patients were 600. By the time second and third

storey were built and number of patients reached 1500. When hospital started it had two psychiatrists, four general practioners about fifty nurses and fifty servants. By the grace of God now we have 27 psychiatrists, 33 general doctors, 2 medical specialist, 1 dental surgeon, 1 radiologist, 280 nurses and 641 servants. It is just a brief comparison of the number of staff of this hospital at that time and now. In addition to this hospital we have by now 12 Psychiatric Units (Psychiatric outdoor clinics and psychiatric short-stay units).

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A HOUSE AT MECCA WHERE PSYCHIATRIC PATIENTS WERE
KEPT - (1950 M.)



A HOUSE AT HAYAYYA (A SUBURB OF TAIF) FOR MENTAL
PATIENTS (1950 - 1960 M.)

الملك عبدالعزيز بن عبد الله آل سعود

وزير الداخلية

ادارة الشؤون الصحية والمشاريع

الرقم ١٩٩٥/٣
التاريخ ١١/١١/١٤١٨ هـ

الموضوع: الموافقة على ما جاء في المقرر المعد لتطوير
مستشفى الامراض النفسية بالطائف .

صاحب المعالي وزير الصحة

بعد التمهيد :-

اطلعنا على كتابكم رقم ١١/٢٩٨٢ وتاريخ ١٢/٢٠/٤٠٠ هـ ومضمونه محضر اللجنة التأسيسية
بموجب امرنا رقم ٢٧٢٤ في ١١/٢٢/٤٠٠ هـ برئاسة سمو امير منطقة مكة المكرمة وعضوية كل من
معالي وزير المالية والاقتصاد الوطني ومعاليكم لتطوير مستشفى الامراض النفسية بالطائف والتضمن
١ - اضافة خمسة جديده لمستشفى الامراض النفسية بالطائف سعة ٥٠٠ سرير اضافة السعة
التوسعة التي يتم تنفيذها حاليا سعة ٥٠٠ سرير ليكون مجموع الاسره (١٠٠٠) سرير .
٢ - شراء ارض كافية ملاصقة للمستشفى تمام عليها التوسعة الجديده وبفضل ان تكون قريبه
من مبنى التوسعة التي يجري تنفيذها حاليا .
٣ - بعد انتهاء التوسعة ينتقل المستشفى من المبنى الحالي الى المبنى الجديده ثم يجري
ترميم شامل لمبنى المستشفى القديم وذلك لاستعماله دارا للنفاذه ومعهدا للتدريب ومكسما
للطاملين ومعدات خارجيه ومكتبه ومسجد .
٤ - التفاوض مع الشركة المنفذ للتوسعة الحاليه او غيرها لايقا مشروع لفتح مياه مجساري
المستشفى ثم الاستفادة منها في زراعة حدائق المستشفى .
٥ - في سبيل توفير الاسره الكافيه لعلاج الحالات النفسية في مختلف مناطق المملكة فسان
الحاجة تدعو الى اقامة اثني عشر مستشفى للامراض النفسية كمشروع واحد يدرج في ميزانية
العام القادم في كل من الرياض ، الدمام ، البهوف ، الدمام ، الطائف ، ابها ، ابهر ، مكة
المكرمه ، جدة ، الجوف ، نجران ، وادي الدواسر ، القصيم ويتم توزيع الاسره حسب
حاجة كل مدينة .

ونعبركم بموافقتنا على ما جاء في محضر اجتماعكم ونرضى اليكم اكمال ما يلزم بموجبه وقد اصلي
كل من سمو امير منطقة مكة المكرمة ومعالي وزير المالية والاقتصاد الوطني نسمة من امرنا هذا

للاقتصاد ود تم
مستشفى وزير الصحة
المرور
المرور
المرور

نائب رئيس مجلس الوزراء

د

نسخة لصاحب السمو الملكي وزير الداخلية
نسخة لصاحب السمو الملكي امير منطقة مكة المكرمة
نسخة لمعالي وزير المالية والاقتصاد الوطني

1. This order of the "Cabinet" entails providing an extension of 500 beds, in addition to the presently constructed 500 beds (total 1,000 beds) aiming at developing the Taif Psychiatric hospital services.
2. Another 12 Psychiatric hospitals should be built in the different cities of the country with number of beds according to the population of the region.



A HOUSE AT MATHNA (A SUBURB OF TAIF) FOR MENTAL PATIENTS (1950 - 1960 M.)



ANOTHER HOUSE AT QARWA FOR MENTAL CASES
(1960 - 1962 M.)

بسم الله الرحمن الرحيم

الملكة الحسينية السموه به

وزارة الصحة

المديرية العامة للأبلاجسي

الرقم : ٥٧ / ٢٩٢٣ / ٢٥٥
التاريخ : ١٠ / ٦ / ١٣٦٨ هـ

تمهيد

سعادة مدير عام الشؤون الصحية بالمذاق : الوكيل الربا : / الضربة / مكة المكرمة (عشرون نسخة)
سعادة : مدير الشؤون الصحية بالمنطقة : القسم / الشمال / الجنوبية المدينة المنورة / الشرقية
حائل (الكل منهم عشرون نسخة)

السلام عليكم ورحمة الله وبركاته: وبعد:

نظرا لمقتضيات الخدمة العامة وحسب توجيهات معالي الوزير لتحقيق خدمات نفسية أفضل
على مستوى كافة المناطق بالمملكة وتخفيف العبء على مستشفى الأمراء النفسية بالمائف يعتمد
تنفيذ الاتسبي:-

أولاً: يقوم الدكتور / اسامه محمد الرافعي مدير مستشفى الأمراء النفسية بالمائف بمزاولة كافة
الخدمات النفسية بالملحة للعمل على تنفيذ وتقديم خدمات أفضل بان تدم تلك الخدمات استباها لامتيازات
اللائمة وفق اقسام داخلية/حدود عشرين سرير للامراء العقلية والنفسية وذلك في ذن من الرضا العام
/ برودة / اهبا / ميزان / جده / مكة المكرمة /

ثانياً: بالتعاون مع مديني المنازل الصحية ويدبري المستشفيات المعنية يتم تأمين اعداد وتجهيز
المكان التزم للخدمة النفسية المتناطة والقسم الداخلي للامراء العقلية والنفسية والسماح سرعة
تنفيذ كل ما يلزم وعلى الانسب.

(١) اهيب اخصائي امراء نفسيه وفي حالة عدم توفره ينتدب من مستشفى الامراء النفسية بالمائف
اهيب اخصائي واحد كل شهرين بالتبادل بين الاخصائيين في المستشفى المذكور حسب امكانياتها
حتى يتم التعاقد مع اخصائيين نفسيه للعمل في تلك الخدمات ويؤمن السنين المناصب للاهيب
الاخصائي النفسي مدة تواجدهم.

(٢) اهيب او ليهان عوسا، يتفرغان ويتثنان للعمل مع اخصائي الامراء النفسية وينظم صهما الاشراف
الكامل على الخدمة والقسم الداخلي لوال لهم.

(٣) مشرف اجتماعي او مشرف اجتماعي.

(٤) العدد الكافي من الممرضين والممرضات للعمل والتمنوا بالتبادل على مدار اليوم.

(٥) العدد الكافي من الخدم والخدمات للعمل والمناوب بالتبادل على مدار اليوم.

ثالثاً: يتدرب جميع المرشدين الملتحقين بالعمل في عمادة وقسم الأبحاث النفسية والمقلية للتدريب في
مستشفى الأمراض النفسية بالأائف لمدة شهرين على أن تتدرب المستشفى من يقوم بالعمل بدلائهم •
فترة الانتداب المنار اليها •

رابعاً: يقوم الدكتور / اسامه حمد الراضي بتقييم العمل في تلك المبادرات والاقسام
الدائرية وذلك بصفة دورية بمذامه وبالتعاون مع المسؤولين في الوزارة •
خامساً: على مدير الشؤون الصحية ومدبري المستشفيات تهذبل كل جهده لتذليل الصعوبات
واستمال جميع الملاحظات السنو حطهم نظاماً
واللغربي التوفيق • وتقبلوا تحياتي •
وكيل وزارة الصحة للشؤون الصحية
الدكتور / حمد العباس

Dr. Osama M. Al-Radi is hereby authorised to supervise all psychiatric units of the Kingdom. He will visit these units and advise necessary steps to improve the services . He will make arrangements to open 20 bed short stay units in Riyadh, Dammam, Buraida, Abha, Jizan, Jeddah and Mecca and all the Directors of these hospital are advised to cooperate with him by providing all requirements in this respect. Psychiatrists from Taif hospital will work in these units in rotation until ministry arranges psychiatrists for this units. Two general Doctors, One Social Worker sufficient number of nursing staff and servants should be arranged for units from the same hospital. Such staff will be given two months training at psychiatric hospital Taif.

Signature Deputy Minister of Health

PRESENT MENTAL HEALTH SERVICES IN THE KINGDOM :

Present mental health services consists of (1) Psychiatric units (2) Psychiatric hospital Taif (3) Other allied institutions.

PSYCHIATRIC UNITS : (Psychiatric Outdoor + Short-stay Units)

After a special order from His Excellency Minister of Health in 1397 H. that all hospitals of four hundred beds must have a psychiatric outdoor and a short-stay unit of 20 beds, a revolution occurred in mental health services in the Kingdom. By another order after a year of the previous one, Dr. Osama M. Al-Radi was appointed as supervisor of mental health services in the Kingdom. Due to these steps psychiatric services are on a right path towards its goal. Within a short time 12 psychiatric outdoor with 20 bedded short-stay units started working in different regions of the country. Each of these units was at least one psychiatrist, usually more than one general doctors, one social worker and a reasonable number of nursing staff and servants. Some of the units have also the services of psychologist. All staff working in these units were given short training from one month to three months in psychiatric hospital of Taif. Number of beds has increased from 20 beds to 35 beds in some of the units and in due time it will be raised to 50 beds. In Hafoof present unit will convert into hospital of 200 beds.

PRESENT PSYCHIATRIC UNITS :

EASTERN REGION	Dammam, Al-Hafoof
MIDDLE REGION	Riyadh, Buraida
WESTERN REGION	Jeddah, Mecca, Taif
NORTHERN REGION	Medina, Hail, Jouf
SOUTHERN REGION	Abha, Jizan



A VIEW OF THE PRESENT HOSPITAL



A VIEW OF THE NEW EXTENSION OF THE
HOSPITAL

All of these units are run on the same pattern as the psychiatric hospital. The routine work in the outdoor and indoor is same. Stationary used in them is same except there is difference of the name of the psychiatric unit. In this way there is complete harmony in between the different units.

The units are provided with all necessary medical equipment. All of them have ECT apparatus. Some of them have EEG machine. Drug supply of these units is carried out by the psychiatric hospital, Taif.

If any of the psychiatrist from these units goes on leave he is replaced by a psychiatrist from Taif Psychiatric Hospital. So the psychiatric hospital of Taif performs the role of mother to these units.

PSYCHIATRIC HOSPITAL, TAIF :

This hospital came into being in 1382 H. with a single storey and having 240 beds. By now it has expanded to 1,000 beds. Now the hospital has changed into an educational institution both for doctors as well as nurses.

Hospital is spread over a quite vast area in which there are four blocks with three storeys in each block for indoor patients. A separate block with two storeys is for administration and outdoor. A separate unit has been built for EEG department. There are four nursing hostels. Three precast fabricated units recently are also in use for educational purpose such as Lecture rooms, Library and Canteen. Another two new blocks are ready for take over, one for female patients with about 300 beds and other for Forensic Psychiatric cases which will accommodate 200 patients. So 500 beds have been added to already 1,000 beds present.

Hospital consists of the following department :

- Outdoor Department
- Indoor Department
- EEG Department
- Physiotherapy Department
- Dental Clinic
- Laboratory
- X-Ray Department
- Psychological Laboratory
- Library
- Patients Canteen
- Rehabilitation Centre
- Addiction Unit
- Separate Pharmacy for Indoor & Outdoor

We start with working of outdoor. Outdoor is separate from indoor with independent entering thus patients get their treatment without entering the main hospital building.

It consists of :

RECEPTION AND RECORD OFFICE :

In this department patient is provided with a file of his name and this file is kept in the record and is used in future for his later visits. Patient is provided with a card which carries his name & file number. During his future visits he can get his file by showing this card. After recording all the informations about patients the file is taken to the general doctor.



HOSPITAL'S DENTAL CLINIC



E.E.G. DEPARTMENT

GENERAL DOCTOR :

There are two general doctors in the outdoor one of them is responsible for male patients and other responsible for female patients. When the patient is brought to him with the file he takes a complete psychiatric history of the patient and makes physical examination. If he considers that patient is suffering from some physical illness he gives him necessary treatment and disposes off the patient. Otherwise if the patient is suffering from psychiatric illness he sends him to the social worker.

The file of the patient contains separate columns for general doctors, social workers and psychiatrists.

SOCIAL WORKER :

There is one separate room for social worker. Most of the new cases and some of the old cases are sent to him. He collects all needed informations from the patients or their family members if available and enters it in the file. These informations cover all what happened in the life of the patient since birth. Social worker in the end of social history gives his personal comments about the condition of the patient and attitude of the family towards the patient.

After completing the social history he hands over the file to the psychiatrist.

PSYCHIATRIST :

There are two psychiatrists in the outdoor sitting in separate rooms. One examines male patients while other examines female patients. When patients file reaches psychiatrists it is complete with physical examination and social history. Then psychiatrists starts interviewing the patient alone or with the family of the patient. So with his personal interview and with the help of infor-

mations already present in the file he reaches conclusion about the diagnosis. Then he advises necessary treatment which is usually for one month or lesser period and the patient is asked to report the outdoor after this period and then follow-up is carried on according his condition.

Some of the patients report to this outdoor from far away places of the country because of lack of information about their nearest psychiatric outdoor or considering this hospital the biggest institution thus expecting better care. In such patients if their place of residence is near to some psychiatric outdoor they are given a follow-up paper which includes diagnosis of the patient a brief account of his illness and the treatment advised. This follow up paper addressed to the director of the hospital to which psychiatric unit is attached. There after patient visits that outdoor for his follow-up.

For the patients who belong to such places that psychiatric unit is away from them but some rural medical unit or a general hospital is near to them. In such cases if it is considered suitable the treatment for the patient is sent to the rural medical unit or general hospital for a period up to one year with directions that patient should be supplied treatment every month after physical check-up. After finishing of the treatment patient has to report again to psychiatric hospital Taif for reassessment of his condition. So in this way patient is endowed with every possible facility to get his treatment.

PSYCHOLOGIST :

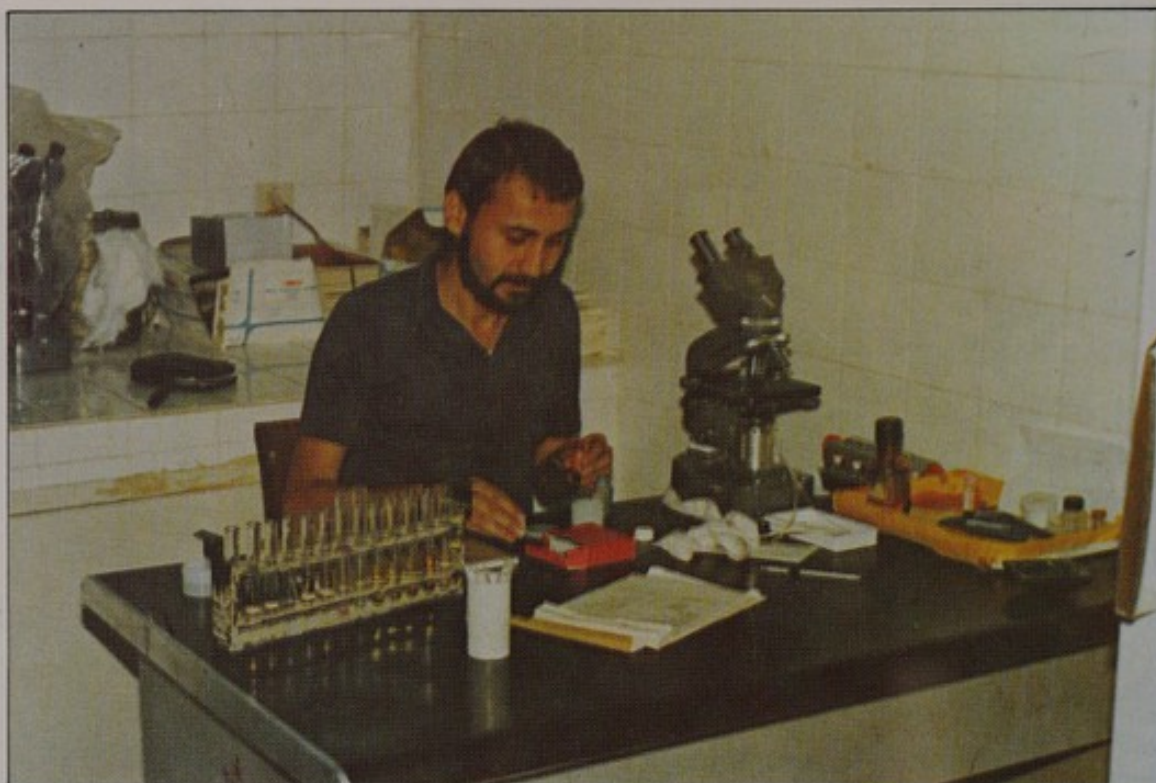
There is one small psychological laboratory in the outdoor. One psychologist is placed in it to perform all the psychological testing asked. Cases are also received for psychological testing from other hospitals referred by the child specialists and from school health services. Most of the tests are asked by our psychiatrists of the outdoor. These tests help the psychiatrists in making conclusion of their diagnosis. Psychologist is also asked to share in treatment of some of the cases who need behaviour therapy, relaxation exercises or speech therapy in case of speech difficulties.



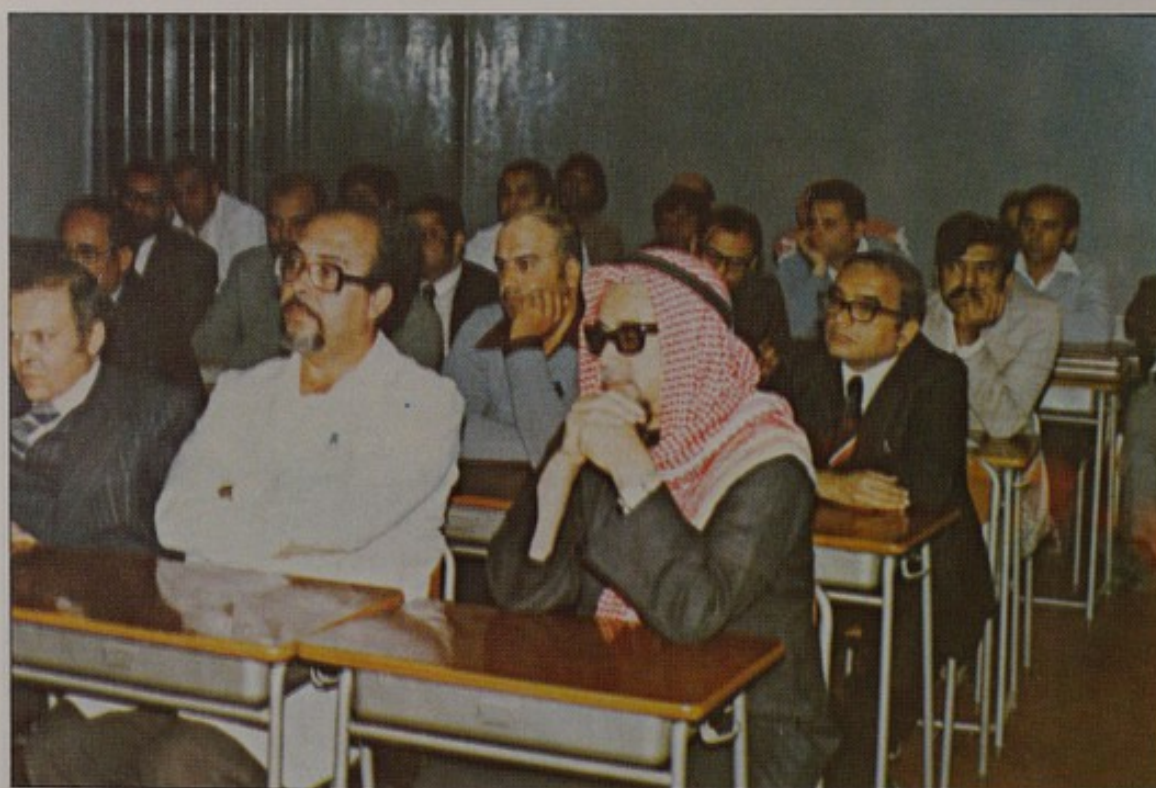
A PATIENT WITH HIS FAMILY BEING INTERVIEWED BY THE
PSYCHIATRIST IN OPD



PATIENT WITH HIS FAMILY & SOCIAL WORKER



CLINICAL LABORATORY OF THE HOSPITAL



STAFF OF PSYCHIATRIC HOSPITAL AND FROM OTHER
HOSPITALS OF TAIF ATTENDING A LECTURE IN THE
HOSPITAL

ADMISSION TO THE HOSPITAL :

Admission of a patient is advised by the psychiatrist of the outdoor. After his order for admission the following formalities are carried on :

An admission file which is separate from the outdoor file is prepared for him. This file has columns with more details about his address. Another column for entry of the belongings of the patients. A consent form for ECT, general anaesthesia or emergency general surgery is also present in this file and is filled up and duly signed by the family of the patient.

Before admission patient is searched physically so that he may not carry any weapon or precious things or any unwanted thing with him to the ward. Moreover if there is any hidden physical injury it also comes to notice. Patient's money and valuable things are kept with patients accountant. Whenever patient needs money while he is in hospital he can make demand for it and thus his money will be transferred to hospital cafeteria from where he can get the things he needs from his own account. Money is not handed over to the patient to avoid its misuse. After completion of formalities of admission patient is taken to the admission ward.

INDOOR UNITS :

There are fifteen wards for indoor patients :

- Two admission wards for males.
- Three wards for the settled male patients.
- One male ward for physically disable such as blind, paralysed or with severe mental retardation who need special nursing care.
- One small ward for tuberculous cases.
- One admission ward for females.
- One ward for settled female cases.

- One ward for chronic female cases, and with a group of physically disabled patients.
- One separate children ward which has mostly mentally sub-normal patients.
- One ward for forensic psychiatric cases.
- One ward for diagnosed settled forensic psychiatric cases.
- One ward for special security forensic psychiatric cases.

Wards staff consists of psychiatrists, general doctors, social workers, psychiatric nurses and health servants.

The admission wards receive new admissions and after thorough check-up by full team which consists of social worker, psychiatric nurses, general doctors and psychiatrist, patient is diagnosed and appropriate treatment is started. Treatment usually is in the form of tablets or injections but some of the patients may need electro-convulsive-therapy for which consent was already taken on admission. Other up-to-date psychological management are carried out promptly. Daily follow-up of the patient is made until he is fully settled and after which patient is transferred to one of the settled wards where he stays till his discharge.

SOCIAL ACTIVITIES FOR INDOOR PATIENTS :

All the wards are provided with colour T.V. sets, tape recorders and indoor games. On T.V. sets not only programme broadcasted by T.V. station are shown but also special programmes are arranged on V.C.R.

All the patients who can be safely taken out of the wards are taken to the hospital garden from 8:00 A.M. to 12:30 P.M. and from 4:00 P.M. to 6:00 P.M. in the garden they are kept busy in physical exercises and games. Mutual competitions in games are very commonly arranged between them. A team of musicians which consists of a group of patients present them musical programmes. In this way most of the patients of the wards pass whole day out of their wards and remain busy in the activities mentioned above.



PATIENTS HAVING THEIR MEALS IN DINING HALL



PATIENTS PRESENTING A MUSICAL PROGRAMME

A group of patients are collected in the big hall in front of the exhibition room. They are provided with news papers and magazines. Moreover they enjoy games such as carrom, domino, playing cards and table tennis.

Another group of patients is taken out on hospital buses to the garden which is situated at a little distance and rented by the hospital. They are accompanied by a psychiatrist, general doctor, social worker and psychiatric nurse. This group of patients also has similar programme for recreation and in addition to it group therapy is carried on by the team accompanying them.

Few patients also join hospital workshop activities while another few share in running the hospital cafeteria.

Those patients who can't be taken out recreation is arranged for them in the wards or within its compound. In this group the patients are from forensic psychiatric wards, female wards and ward for physically disabled. Female patients take part in weaving, tailoring and embroidery.

Prayer arrangements are also made inside the wards. A clean place in the ward has been reserved for prayers. One of the patients acts as a leader. At the prayers time they gather in group and pray with their leader. On Friday all settled patients of different wards collect at one place in the hospital and perform JUMMA prayers with staff members. Arrangement has also been made for learning the holy QURAN by heart. Those patients who are interested in it gather for this purpose in one of the rooms of the hospital twice weekly. One of the social workers supervises them and helps them. By these measures patients are provided a religious atmosphere in which they have been brought up.

DISCHARGE OF THE SETTLED PATIENTS :

When a patient is considered to be fit for discharge his family is informed telegraphically by the social worker of the ward. If the family comes to receive him, he is handed over to them with

necessary treatment and instructions for follow-up. If family does not respond to the telegram then patient is discharged with a group of patients from his region. These groups are accompanied by social worker, psychiatric nurse and health servants. They take the patients to their homes with treatment and hand over them to their families. This policy of discharge has helped a lot to maintain a balance between new admissions and discharge.

EEG DEPARTMENT :

Hospital has one sixteen channel EEG machine fixed in one of the rooms in a ward. Special nurses trained in this field are responsible to do this job. This department not only serves the hospital but also serves other hospitals of this region. A new building is ready for this department by the side of hospital outdoor. In due time it will be shifted in it.

PHYSIOTHERAPY DEPARTMENT :

A small unit with all essential equipments lies in the middle of the hospital. It is run by a qualified physiotherapist. It serves both indoor and outdoor patients. In most of the cases physiotherapy is done in the unit but for bed ridden cases, portable machines are carried to their beds to give the treatments.

DENTAL CLINIC :

This clinic is present in the centre of the hospital with one dental surgeon. It serves both patients and staff members. Dental check-up is made for every new admission. Routine dental check-up is also carried on during the stay of the patients in the hospital.

LABORATORY :

It is also situated in the centre of the hospital. It has necessary staff and is fully equipped. It serves both indoor and outdoor and works round the clock.



A PATIENT SINGING IN ONE OF THE HOSPITAL'S FUNCTION



A PATIENT TAKING PRIZE FROM THE DIRECTOR OF THE HOSPITAL



PATIENTS OF FORENSIC PSYCHIATRIC UNIT PRESENTING
MUSICAL PROGRAMME IN A WARD FUNCTION



PATIENTS BUSY IN INDOOR GAMES IN HOSPITAL ENTRANCE
HALL



A PATIENT TAKING PART IN THE COMPETITION OF
RECITATION OF HOLY QURAN



PATIENTS ENJOYING VOLLEY-BALL IN THE HOSPITAL
GARDEN

X-RAY DEPARTMENT :

It is situated on ground floor and is equipped with both fixed and portable X-Ray machines. It has services of a qualified radiologist. It also works round the clock.

PSYCHOLOGICAL LABORATORY :

There are two psychological laboratories. One is in the outdoor and other one in one of the wards. There are three psychologists. Laboratories are fully equipped with all instruments and are capable to perform all the required tests.

REHABILITATION CENTRE :

It was started in 1396 H. (1976 M.) with an independent building in the middle of the city. About 50-70 patients of chronic schizophrenia are kept in it. It is aimed to rehabilitate chronic schizophrenic patients through vocational training and other measures of rehabilitation. Its staff consists of one psychiatrist, general doctor, social worker, vocational trainers, psychiatric nurses and health servants. The building has its independent compound. Like indoor wards of the hospital it is also provided with coloured T.V. set, indoor games and outdoor games as well. It has cafeteria on the pattern of hospital cafeteria. It has workshops for carpet making, carpentry and electricity. One room of the building is reserved for mosque.

Patients of rehabilitation centre are divided into two groups. One group stays in the rehabilitation centre and other group goes to vocational training centre. The group which stays in the rehabilitation centre takes part in the activities of the three workshops present inside the centre. The other group attends vocational training from 7:00 A.M. to 1:30 P.M. They are carried to the vocational training centre by hospital car accompanied by psychiatric nurses. They take their breakfast in the vocational training centre and then join the activities of the centre. The

following training courses of different durations are attended by patients.

- Gardening 9 months
- Typing 9 months
- Electricity 2 years
- Painting 2 years
- Tailoring 2 years

The following number of patients completed the training courses and took the certificates.

Trade	Year-	1977	1978	1979	1980	1981
- Gardening		9	10	3	3	7
- Typing		-	5	-	-	1
- Tailoring		-	2	-	-	-
- Electricity		-	2	-	1	-
- Painting		-	1	5	1	1

Patients who remain in rehabilitation centre has the following programs

- 05:30 - 06:30 A.M. Get-up from sleep and pray Fajar prayers in a group.
- 06:30 - 07:30 A.M. Making their own bedding.
- 07:30 - 08:30 A.M. Physical exercise.
- 08:30 - 09:30 A.M. Breakfast and morning treatment.
- 09:30 - 12:30 P.M. Go to respective workshops.
- 12:30 - 01:00 P.M. ZUHAR prayers in one group.
- 01:00 - 01:30 P.M. Lunch & noon treatment.
- 01:30 - 03:30 P.M. Rest break.
- 03:30 - 04:00 P.M. ASAR prayers in group.
- 04:30 - Sunset Indoor and outdoor games.
- Sunset- . . . MAGHRAB prayers in group
- 07:00 - 07:30 P.M. Dinner and evening treatment
- 07:30 - 08:00 P.M. ISHA prayer in one group

08:00 - 10:30 P.M. T.V. Programme

10:30 - 05:30 A.M. Sleep

The group attending vocational training centre partly joins the activities of the rehabilitation centre after coming back from vocational training centre.

A research is also being done to compare the improvement rate in rehabilitation centre to the patients of same category in the hospital and results until now are very encouraging.

ADDICTION UNIT :

A separate addiction unit of 10 beds was opened in 1400 H. (1980 M.) after the recommendation of a special board. This special board which is headed by a judge and has members from Health Ministry, Social Affairs Ministry and Ministry of Interior decided that all cases of addiction who were imprisoned more than three times with accusation of addiction need hospitalization instead of imprisonment. Now all such cases who are recommended by this board are treated by this unit. Moreover, ordinary cases of addiction who develop withdrawal effects are also treated by this unit.

Staff of the unit consists of psychiatrist, general doctor, social worker, psychiatric nurses and health servants. In future planning it is proposed that all convalescent homes will have 10 beds as addiction unit.

PHARMACY :

Hospital has two pharmacies one for indoor patients and the other for outdoor patients. It has services of a qualified pharmacist. The pharmacy not only serves the hospital but also supplies psychiatric drugs to all the psychiatric units of the country. It also makes arrangements to parcel the psychiatric drugs for some patients to rural health centres when asked so by the psychiatrist.

LIBRARY :

It is situated in the newly preset fabricated units within hospital compound. At present it has about one thousand medical books, 500 medical journals and about four hundred arabic books. Moreover many monthly political and religious journals are present for readers. It has sitting arrangements. Books can be read in library without issuing but if some of the staff member wants to have the books with him then he has to get it issued on his name.

CAFETERIA :

It is situated in the compound of the hospital near the hospital entrance and is run by the patients under the supervision of the psychiatric nurses. It has sitting arrangement and is open to patients, their visitors and staff members. Patients get their needs from cafeteria from their accounts which are transfered from patients accountant in the office to the cafeteria on their demand letter. Profit of the cafeteria is spent on the patients arranged social activities and given to them in the form of token therapy.



**PROF. HENRY WORK OF U.S.A. GIVING LECTURE IN ONE OF
THE NEW LECTURE HALLS :**

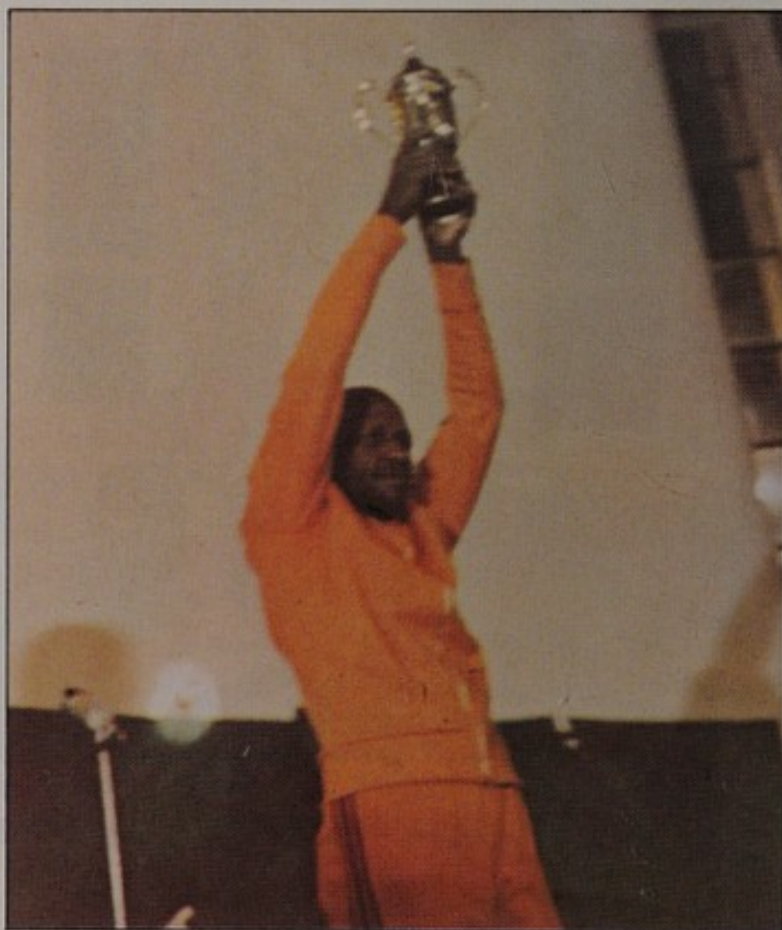


**PROF. HENRY WORK & PROF. CHARLES WILKINSON AT
REHABILITATION CENTRE WITH DR. MOHD. HAFIZ :**



PATIENT IN
PHYSIOTHERAPY
DEPARTMENT

PATIENT REJOI-
CING VICTORY
AFTER WINNING
TABLE-TENNIS
TROPHY





**VISITORS SEEING PATIENTS' HANDICRAFTS IN THE
EXHIBITION HALL**



**(DIRECTOR OF PLANNING) MINISTRY OF HEALTH
DR. MOHAMMAD SALEH SHARAF AND OTHER GUESTS
SEEING PATIENTS' HANDICRAFTS**



DR. T.A. BAASHER, PROF. MAHMOUD SAMI, DR. OSAMA M. AL-RADI, MR. MOHSIN AL-ZAHRANI (DIRECTOR OF VOCATIONAL CENTRE) WITH ONE OF THE TRAINEES OF CENTRE



A SOCIAL GATHERING OF THE STAFF AT HOSPITAL GARDEN



PATIENTS BUSY IN GARDENING



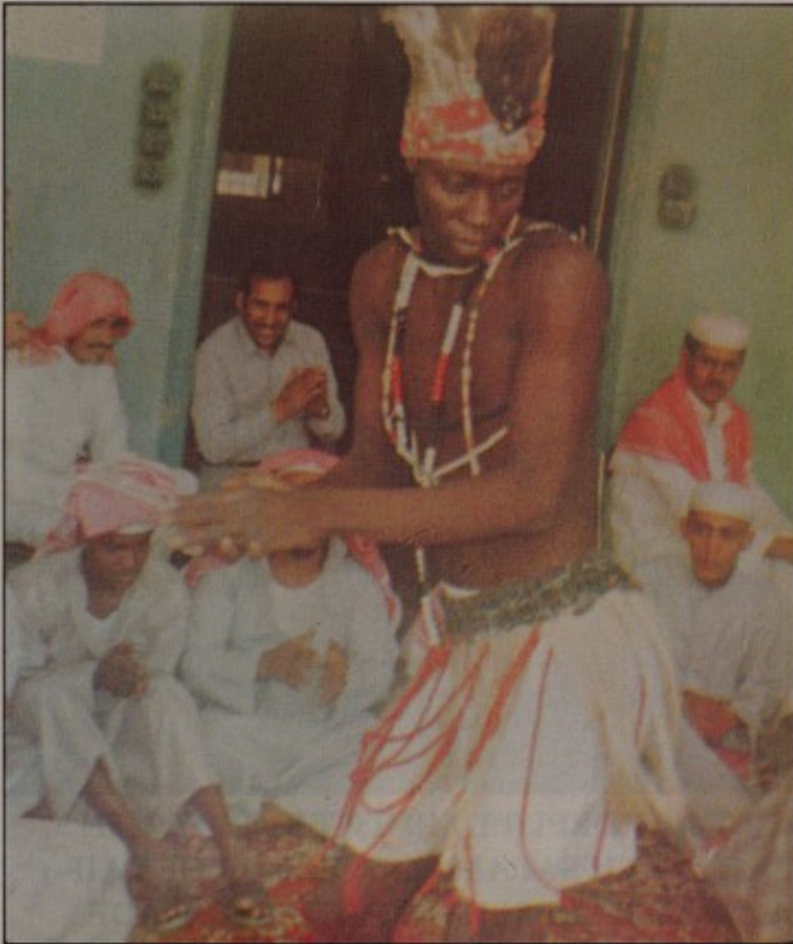
A TABLE-TENNIS MATCH BETWEEN ONE PATIENT AND A
PLAYER FROM OUTSIDE CLUB



**H.E. SHEIKH SALEH SALAM (GOVERNOR OF TAIF) VISITING
HOSPITAL EXHIBITION HALL SEEING PATIENTS'
HANDICRAFTS**



**DR. HENRY WORK OF U.S.A. SEEING PATIENTS PLAYING
VOLLEY-BALL AT THE REHABILITATION CENTRE**



A PATIENT
PRESENTING
GYPSY DANCE
IN FRONT OF
OTHER PATIENTS
IN REHABILITA-
TION
CENTRE



PATIENTS IN
THE ELECTRIC
WORKSHOP OF
VOCATIONAL
CENTRE



**H.E.FAHAD BIN SULTAN (DEPUTY MINISTER OF YOUTH
AFFAIRS) AND SHEIKH SALEH SALAM (GOVERNOR OF TAIF)
WITH DR. OSAMA M. AL-RADI SEEING PATIENTS MADE
HANDICRAFTS**



**PROF. DENIS LEIGH IN CARPENTRY WORKSHOP OF TAIF
VOCATIONAL CENTRE**



PATIENTS PERFORMING JUMMA PRAYERS IN HOSPITAL
ENTRANCE HALL



PATIENTS ENJOYING A MUSICAL GATHERING

EDUCATIONAL AND TRAINING PROGRAMMES AT PSYCHIATRIC HOSPITAL, TAIF :

The hospital being a mother institution of psychiatric services in the Kingdom has also taken the responsibility of educating and training of the staff working in this field. The following educational and training courses are going on in the hospital :

1. Diploma in Psychological Medicine.
2. Assistant Psychiatric Nurses.
3. Training of General Doctors to work in the Psychiatric units.
4. Training of Nurses to work in Psychiatric units.
5. Training of Social Workers for work in Psychiatric Outdoor.
6. Training of Psychologists.
7. Educational training to Medical Students.
8. Educational training to General Nursing Students.
9. Education of Inservice Personnel.
10. Religious Lectures.

POSTGRADUATE DIPLOMA COURSE IN PSYCHOLOGICAL MEDICINE :

Shortage of psychiatrist was felt since a long time and as the psychiatric services were expanding very quickly in the country, so the problem was fore seen. Consultation was held between Dr. Taha Baasher, WHO Adviser on mental health for East Mediterranean Region and Dr. Osama Mohd. Al-Radi, Director of the Psychiatric Hospital Taif to put forward a plan of training of general duty doctors to the Government of Saudi Arabia which showed a keen interest in this programme. It was approved and was started in February 1976.

Twenty one general duty doctors of the hospital were selected to join the course. Eight professors from Riyadh University actively participated in the first year of the course. In addition to the local

staff, professors from foreign countries such as Egypt, Holland, Pakistan, Sudan, United Kingdom also took part in teaching programme in the first year.

At the end of first year, examination of first part was held and a team of external and internal examiners were called. Fifteen students appeared in the examination and eleven of them were declared successful. Dr. T. A. Baasher, Regional Adviser (WHO), Mental Health, who attended the examination gave his comment on the first examination in his report EM/MENT/83 dated March 1977. According to him the training programme in Psychological Medicine at Taif was very satisfactory and morale of candidates during exam. was very high and some of them were extremely good and their standard can be compared with international standards of any reputable academic centre. Students who had passed first part, 14 in number appeared in final exam. in Feb. 1978 and seven of them were declared successful. This was the first batch who completed this course successfully. Next year 1979 another six completed this course. In 1980 only 3 candidates succeeded in final examination.

In 1981 no candidate was declared successful.

By now this institution has produced 16 psychiatrist who are working successfully in mental health services. This year 1982 another 9 candidates will appear in final examination of D.P.M. & N.



D.P.M. STUDENTS DURING EXAMINATION



**DR. IBRAHIM SHELABY RECEIVING DPM DIPLOMA FROM
DR. MUSTAFA TAIBA**



**3RD CONFERENCE OF PSYCHOLOGY HELD FEBRUARY 1982
FROM RT : PROF. HASSAN, PROF. OKASHA, PROF. O.
SHAHEEN, PROF. M. SOUEIF, DR. O. RADI, PROF. M. BADRI
PROF. A. HELMY, PROF. S. GAWAD.**



**ONE OF THE COMMITTEES OF PSYCHOLOGICAL
CONFERENCE DISCUSSING SOME ISSUE**

BOARD OF EXAMINERS :

- Professor Omar Shaheen : Prof. and Head of Dept. of Psychiatry, Cairo University, Cairo, Egypt
- Professor Omar Al-Jarem : Prof. and Head of Dept. of Psychiatry, University of Alexandria, Egypt
- Professor M. Sami A. Gawad : Prof. of Psychiatry, Cairo University, Egypt
- Professor Taha Baasher : Regional Adviser (WHO) of Mental Health, Eastern Mediterranean Region
- Professor Abbas Helmy : Former Professor of Neurology, Ain-Shams University, Cairo Egypt
- Professor Ahmed M. Okasha : Professor and Head of Dept. of Psychiatry, Ain-Shams University, Cairo, Egypt
- Professor Zain-ul-Abidin : Professor and Head of Dept. of Physiology, University of Riyadh
- Professor Abdul Fattah Hadara : Professor of Anatomy, Medical College, University of Riyadh
- Professor Hasan Abu Sabaa : Ex-Professor of Medicine, University of Riyadh

Professors from Riyadh Medical College, University of Riyadh.
Professors from Medical College, King Abdul Aziz University, Jeddah.

VISITING PROFESSORS FOR THE DPM TRAINING PROGRAMME AT PSYCHIATRIC HOSPITAL, TAIF, SAUDI ARABIA :

PSYCHIATRY Dr. T. A. Baasher, WHO, Regional Adviser on Mental Health

- PSYCHIATRY** Prof. Omar Hassan Shaheen, Professor & Head of Dept. of Psychiatry, Faculty of Medicine, Cairo University, EGYPT
- ” Prof. Ahmad Mahmoud Okasha, Professor of Psychiatry, Ain-Shams University, Cairo, EGYPT
- ” Prof. Gamal M. Abul Azayem, Director General, Abbasia Mental Hospital, Cairo, EGYPT
- ” Prof. Mahmoud Sami A. Gawad, Professor of Psychiatry, Cairo University, EGYPT
- Prof. Mustafa Kamil, Professor of Psychiatry, Ain-Shams University EGYPT
- ” Prof. Yehya Al-Rakhavi, Professor of Psychiatry, Cairo University, EGYPT
- ” Prof. Tariq Hamdy, Professor of Psychiatry, University of Mustansreen, Baghdad, IRAQ
- ” Dr. H. E. R. Soliman, Senior Psychiatrist, Psychiatry Department, Ministry of Health, Khartoum, SUDAN
- ” Prof. K. Zaki Hassan, Professor of Psychiatry, Jinnah Postgraduate Medical College, Karachi, PAKISTAN
- ” Prof. M. Rashid Chaudhry, Professor of Psychiatry, K.E.M. College, Lahore, PAKISTAN
- ” Prof. A. S. Manugian, Professor of Psychiatry, American University, Beirut, LEBANON
- ” Prof. Denis Leigh, Professor of Psychiatry, Maudsley Hospital, Denmark Hill, London, ENGLAND
- ” Prof. G. M. Carstairs, Vice Chancellor, University of York, U.K.

- PSYCHIATRY Prof. Tsung Yi-Lin, Professor of Psychiatry,
University of Columbia, Vancouver,
CANADA
- ” Prof. Van Ree, Professor of Psychiatry,
Psychiatric Hospital, Vogelenzang, Benne-
brook, NETHERLAND
- ” Prof. Alfred Freedman, Professor of
Psychiatry, Medical Centre, New York,
U.S.A.
- ” Prof. Pierre Pichot, Centre Hospitalier,
Sainte-Anne, 100 Ruede La Sante, 75674
Paris, Cedex 14, FRANCE
- ” Prof. James D. Earp, Consultant Forensic,
Psychiatrist, Tower Hospital, Gipsy Lane,
Hammer Stone, Les ot-D, U.K.
- ” Prof. Warren Dunham, 15-Stephens Path,
Post Jefferson, New York 11777, U.S.A.
- ” Prof. J. Gunn, Institute of Psychiatry,
Maudsley Hospital, Denmark Hill, London
SE5 8AZ, ENGLAND
- ” Dr. Shervert H. Frazier, The Maclean
Hospital, Boston Massa, Chusetts, U.S.A.
- ” Prof. Peter Berner, Secretary General, WPA
Psychiatrische Universit, Elsklinik
Wahringer Gurtel 74-76, A-1090 Wein,
AUSTRALIA

- NEURO-
ANATOMY Prof. M. A. Haddara, Professor of
Anatomy, Medical College, Riyadh Univer-
sity, SAUDI ARABIA
- ” Prof. Mohy-Uddin, Professor of Anatomy,
Medical College, Riyadh University, SAUDI
ARABIA
- ” Prof. Mohammad Tahir, Professor of
Anatomy, Medical College King Abdul Aziz
University, Jeddah, SAUDI ARABIA



PROF. JAMES D. EARP WITH DR. OSAMA IN HIS OFFICE



DR. OSAMA WITH MEDICAL COLLEGE STUDENTS

NEURO- PSYCHOLOGY	Prof. Moustafa Souif, Head of Clinical Psychology Dept., Cairo University, Cairo, EGYPT
”	Prof. Malik Badri, Professor of Psychology Dean School of Education University of Khartoum, SUDAN
MEDICAL STATISTICS	Prof. Husny Shehata, Professor of Psychology Mansura University, Cairo, EGYPT
”	Prof. H. M. Hammam, Professor of Statistics, King Abdul Aziz University Jeddah, SAUDI ARABIA
MEDICINE	Prof. Atta Khan, Professor of Medicine, Medical College King Abdul Aziz University, Jeddah, SAUDI ARABIA
”	Prof. H. Abou Senna, Military Hospital, Taif, SAUDI ARABIA
”	Prof. Tahir Noor Ahmad, Medical College University of Riyadh, SAUDI ARABIA
”	Prof. H. Abou Sabaa, Visiting Professor Ministry of Health, Riyadh, SAUDI ARABIA
NEUROLOGY	Prof. Abbas Hilmy Hassan, Head of Dept. of Psychiatry and Neurology, Ain-Shams University, Cairo, EGYPT
”	Prof. Omar El-Garam, Professor of Psychology and Neurology, University of Alexandria, EGYPT

ASSISTANT PSYCHIATRIC NURSING TRAINING COURSE :

It was started in 1394 H. (1974 M.) with cooperation of Department of Training and Education of the Ministry of Health. Purpose was to cover the shortage of psychiatric nurses. Candidates were supposed to have Primary School Certificate and training period was one year. Many of the hospital servants who



**MRS. DENIS LEIGH TAKING ENGLISH TEACHING CLASS
IN THE HOSPITAL**



**PROF. WARREN DUNHAM WITH PROF. OKASHA
AND DR. OSAMA**



**N.R.N. FAHAD BIN SULTAN, H.E. SHEIKH SALEH SALAM
(GOVERNOR OF TAIF) DR. OSAMA DURING OPENNING
CEREMONY OF REHABILITATION CENTRE FOR DISABLED
PERSONS**



**PROF. M. MUNIR MUHAIRY - PROF. T.A. BAASHER
PROF.H. ABU SABAA - DR. HAFIZ SALEM AND DR. OSAMA
IN A GET TOGETHER IN THE HOSPITAL**

had primary school certificate also joined this course. The first batch of assistant psychiatric nurses completed in 1395 H. (1975 M.) and 42 of the candidates were declared successful.

Number of Successful Candidates :

1976	43
1977	27
1978	-
1979	-
1980	13
1981-82	14 Students under training.

TRAINING OF GENERAL DOCTORS TO WORK IN THE PSYCHIATRIC UNITS :

General doctors who work in the psychiatric units of the country are sent to this hospital for condensed training programmes ranging from one to three months. During these training in the hospital, they are given complete orientation of the work in outdoor, indoor and dealing of Psychiatric emergencies through lectures and practical work.

TRAINING OF NURSES TO WORK IN THE PSYCHIATRIC UNITS.

General nurses who are supposed to work in psychiatric units, are also sent to Taif psychiatric hospital from one to three months for practical training. They are given rotatory training in different departments such as outdoor, admission ward, settled ward and also special lectures are arranged for them. Thus they return with practical training experience which help them to work in psychiatric units more efficiently.

SHORT TRAINING OF SOCIAL WORKERS TO WORK IN THE PSYCHIATRIC UNITS :

Social workers working in psychiatric units are also sent to Taif hospital for a short training of one month. They are given chance

to work in outdoor and indoor with experienced social workers of the hospital. This help them to collect valuable information which are needed in their professional work so on their return they can perform their duty in a better way.

TRAINING OF PSYCHOLOGIST :

Psychologists who are posted in psychiatric units are also sent to Taif hospital for training purpose for period of one month. During their stay they get chance to see all types of cases and thus get more professional experience.

Psychologists' annual conferences were also started since 1980 M. until now two conferences has taken place and third will take place this year in Feb. 1982. Psychologists from all over the country are invited in it. Professors of psychiatry and psychology from different universities of the world who are in the hospital in those days due to DPM examination also join the conference. These conferences have been proved very useful and with the help of these conferences standarization of the psychological testing was done for local use in the Kingdom. Prof. Mustafa Souif, Head of Clinical Psychology, Cairo University was the key figure to finalize this important job.

As most of the psychologists in the country are not qualified in clinical psychology, so it was decided to arrange a diploma in clinical psychology with the co-operation of Riyadh University. And the matter is under consideration yet.

PSYCHIATRIC TRAINING TO MEDICAL COLLEGE STUDENTS :

Taif psychiatric hospital also provides psychiatric training to medical students of Riyadh and Jeddah Medical Colleges. Male and female students of these institutions come in separate batches. Period of training is three weeks. Hospital arranges for them special lectures and clinical demonstrations in this short period. Students are taught what is considered to be compulsory for them. Before they return back to their medical college a clinical asses-

ment is made about them and result is submitted to their colleges.

Following is the course of psychiatry for medical college students :

SL. NO.	S U B J E C T	NO. OF LECTURE
1.	Historical development of psychiatric services in the Kingdom and Islamic Approach to Psycho-therapy.	. . One
2.	Psychiatry and its relationship with other disciplines.	. . One
3.	Psychiatric examination.	. . One
4.	Aetiology of psychiatric disorders.	. . One
5.	Psychiatric symptomatology (Psychopathology).	. . One
6.	Classification of psychiatric disorders.	. . One
7.	Neuroses :	. . Four
	a. Types	
	b. Clinical manifestations	
	c. Treatment	
8.	Personality disorders :	. . Two
	a. General features	
	b. Psychopathy	
9.	Psychosomatic disorders :	. . One
10.	Functional psychosis	. . Three
	- Schizophrenias :	
	a. General symptoms	
	b. Types	
	- Affective psychosis :	. . Two
	a. General symptoms	
	b. Types	
	- Paranoid states :	. . One
11.	Management of functional psychosis :	. . Two
	a. Physical	
	b. Social and Psychological	

- 12 Organic Brain Syndromes : . . Three
 - a. General
 - b. Specific
 - c. Management
- 13. Alcohol and Drug Addiction : . . Three
 - a. Clinical Features
 - b. Management
- 14. Child Psychiatry - Introduction . . One

PSYCHIATRIC TRAINING FOR NURSING STUDENTS :

Nursing students from all over the kingdom also come for one month for practical training in psychiatric nursing. They are given chance to work in outdoor, admission wards and settled patients wards under the supervision of doctors and psychiatric nurses. Special demonstrations and lectures are arranged for them. This practical experience help them a lot in their future career.

EDUCATION OF INSERVICE STAFF ;

To keep the nursing standard better regular lectures are arranged for them. These lectures are delivered by senior nurses or doctors. Moreover, arabic speaking nurses are taught english through special lectures.

In the same way servants are also given regular lectures to teach them how to serve psychiatric patients. Purpose of all these lectures is just to raise the standard of service rendered to patients.

SOCIAL ACTIVITIES FOR STAFF :

Staff not only join patients social activities but they also have their own functions. Mutual competition in games are arranged for staff. Monthly a social gathering is arranged for staff in the hospital garden, in which staff members take part in different games, and join musical programmes. It is always accompanied by a lunch party. Staff members also bring their families in these function which help them to know each other in a better way.



PROF. LINFORD REES WITH DR. OSAMA IN TAIF HILLS



**PROF. G.M. CARSTAIRS WITH DR. OSAMA
INFRONT OF HIS OFFICE**



**2ND PSYCHOLOGICAL CONFERENCE IN PROGRESS
DR. OSAMA, PROF. SOUEIF, PROF. OKASHA, PROF.
T.A. BAASHER, PROF. OMAR SHAHEEN, DR. M. HAFIZ
CAN BE SEEN IN THE PICTURE**



**STUDENTS FROM MEDICAL COLLEGE (JEDDAH) ATTEN-
DING A
LECTURE IN THE HOSPITAL**



A GROUP PHOTO OF SUCCESSFUL ASSISTANT PSYCHIATRIC NURSES WITH DR. OSAMA M. AL RADI



OATH CEREMONY OF THE ASSISTANT PSYCHIATRIC NURSES

RELIGIOUS LECTURES :

Religion being the most important pillar of human life and its effect is definitely reflected in persons daily life. When we say that some body is a good Muslim, we mean to say that not only he performs his religious duties perfectly but as well he is very honest in carrying out his duties. So to keep all the staff in touch with the religion special lectures are arranged on religion. Lectures are delivered by very competent people. At the end of the lecture there is free discussion and listeners can ask questions about their difficulties.

MEDICO-LEGAL COMMITTEE :

Taif hospital is the only place in the Kingdom where Medico-legal Committee is held for psychiatric cases. It is headed by Director of the hospital and two of the senior psychiatrist of the hospital take part in it. It gives opinion about cases who are referred to it from different departments of the govt., for their fitness for service on psychiatric grounds and in cases of criminals about their sanity. This committee meets daily afternoon except weekend.

LOCAL & INTERNATIONAL CONFERENCES :

The Ministry of Health believes that conferences is a chance of scientific meetings where as all-to-date researches and discoveries are propagated. The hospital as a representative of Health Ministry had participated in the following conferences :

1. Mental Health Conference at Khartoum, Sudan, 1974.
2. Youth Mental Health Conference at Cairo, Egypt, 1975.
3. Conference on Addictions & Drug Dependence, Riyadh, Kingdom of Saudi Arabia in 1975.
4. Bahrain Conference for Alcohol and Addiction, Bahrain, 1975.

5. Arab Conference of the A.N.A. in Cairo, Egypt in 1975
6. Mental Health and Acts Conference in Cairo, Egypt, 1976.
7. The 2nd Mental Health Conference Lahore, Pakistan in 1978.
8. The 3rd International Conference for Prevention of Alcoholism and Narcotics, Khartoum, Sudan in 1978.
9. The 2nd Conference of Social and Mental Services, Cairo, Egypt in 1978.
10. Mental Health Services Conference, London, U.K. in 1979.
11. A visit to Psychiatric Establishment in France in 1979.
12. Fourth National Conference on Mental Health in the 70's at Manila, Philippines in 1980.
13. Regional Symposium of World Psychiatric Association at Hongkong in China in 1980.
14. W.H.O. Scientific Working Group Meeting on Mental Health Research at Karachi, Pakistan in 1981.
15. International Seminar on Rehabilitation, Fountain House, Lahore, Pakistan in 1981.
16. I.C.A.A. International Conference at Vienna, Austria, 1981.

Because of the efforts carried by the Kingdom in the domain of the mental health Dr. Osama M. Al-Radi, was elected as a member from the Middle East of the World Psychiatric Association.

OTHER ALLIED INSTITUTIONS TO MENTAL HEALTH SERVICES :

Special Schools for Mentally Sub-normal Children :

At present there are six schools for mentally sub-normal children.

Eastern Region	Dammam	One for males
		One for females

Middle Region	Riyadh	One for males One for females
Western Region	Jeddah	One for males One for females

And in coming years such schools will be built for every region.

VOCATIONAL TRAINING CENTRES :

Presently there are four vocational training centres; one in Dammam, Eastern Region; one in Riyadh, Middle Region and one in Taif, Western Region. They accept physically disabled persons as well as settled mental cases. Fourth one is in Madina, Northern Region for severely handicapped cases.

These centres have arrangements for vocational training such as tailoring, painting, electrical, gardening, typing. Training period differs in different trades such as :

1. Gardening 9 months
2. Electricity 2 years
3. Painting 2 years
4. Tailoring 2 years
5. Typing 9 months

Our patients who join this course are paid 200 S.R. monthly as pocket money. After completion of the training if any one likes to start his private works government grants him 30,000 S.R. and if a group of patients wish to open a workshop government gives up to 10 million S.R. to start the work.

SOCIAL SECURITY FOR MENTAL PATIENTS :

Chronic psychiatric cases who are unfit for work are a burden on family. If they are kept in hospital a large number of beds will be permanently occupied by them. Such cases if family keeps them in house an allowance of 10,000 S.R. annually is paid to the family after a medical report that the patient is unfit to work.

REGIONAL MENTAL HEALTH CO-ORDINATION BOARDS :

In the year 1981 on suggestion of Director psychiatric hospital Taif, Ministry of Health agreed to form a Regional Mental Health Boards in every region. Purpose to form these boards were :

1. Orientation of the mental health services to the Govt. Departments.
2. To have better co-ordination of these department to improve the mental health services through direct communication and discussing the problems which are faced.
3. To get benefit from others experiences and thus application of what is considered to be the best.
4. To help the mental health services during planning of its services. Meeting of these boards are held every three month in different regions and headed by Dr. Osama M. Al-Radi.

MEMBERS OF THE BOARD :

1. Chief Justice of Emergency Court.
2. Director of Police.
3. Director of Prison.
4. Director of Education.
5. Director of School Health (Boys).
6. Director of School Health (Girls).
7. Director of Youth Clubs.
8. Director of Red Crescent Society.
9. Director of Social Welfare Office.
10. Director of Social Security.
11. Director of Public Health.
12. Director of the Hospitals.'
13. Psychiatrists of the Region.
14. Director of Labour Office.
15. Representative from Amara.

16. Director of Institution for Deaf and Dumb (Boys).
17. Director of Institution for Deaf and Dumb (Girls).
18. Director of School for Mentally Subnormals (Boys).
19. Director of School for Mentally Subnormals (Girls).
20. Director of Vocational Institution for Handicapped.

These boards are working very smoothly and encouraging results can be forseen.

MENTAL HEALTH EDUCATION TO PUBLIC :

With the co-operation of school health services special informative lectures are delivered in schools by psychiatrists. Male psychiatrists give lectures in boys schools while female psychiatrists go to girls schools. After the lecture students are given chance to question freely so that they can discuss about their problems, in a free atmosphere.

With the help of Director of prison lectures have also been started for prisoners. Purpose of these lectures is to give them a true insight of their personality which can help them in avoiding the clash with law.

Moreover those prisoners who are addicted, they are told about the hazards of these drugs, because most of them are not aware of it.

Public education in psychiatry is also done through, news papers, radio and T.V. all these measures are definitely showing positive results and most of those patients who are considered to be under effect of ghosts or magic, are brought to psychiatrist.



**A GROUP PHOTO OF THE SUCCESSFUL DPM CANDIDATES
WITH DR. MUSTAFA TAIBA, DR. O. AL RADI
& DR. Y. HAMIDAN**



**A GROUP PHOTO OF THE STAFF WITH SHEIKH SALEM AND
SHEIKH BAKHAYYAT WHO GIVES RELIGIOUS LECTURES**

MENTAL ACT :

It is still under consideration of a committee which is headed by Deputy Minister of Health and comprises of Director General Mental Health Services. (ii). Director General, Ministry of Social Affairs. (iii). Director General Addiction Department, Ministry of Interior. (iv). Director General Ministry of Justice and (v). Director General, Ministry of Education.

This law will protect the legal rights of psychiatric patients and decide punishments in case if they commit a crime as well as vice versa to protect the society from dangerous psychiatric cases by hospitalizing them through law.

PSYCHIATRIC SERVICES DURING HAJ :

It was felt that during pilgrimage, psychiatric patients among pilgrims have to face a lot of troubles. They were brought to Taif away from their family or group with whom they came from their country, and it was very difficult for them to visit their patient at Taif.

Moreover, psychiatric emergencies which used to occur during Haj, were difficult to handle without psychiatric indoor and outdoor and it was a problem to transfer an excited patient from Makah to Taif. So a special program was chalked out to overcome this difficulty. It consisted of the following measures :

- In Arafat general hospital a psychiatric outdoor & indoor with two psychiatrists and appropriate number of psychiatric nurses and health servants.
- In Mina a separate psychiatric outdoor and an indoor of 20 beds with four psychiatrist + general doctors, psychiatric nurses and health servants who are from psychiatric hospital Taif and are experienced in their job.
- Additional psychiatrists and psychiatric nurses at Jeddah and Makah psychiatric units.

ADDITIONAL ALLOWANCE FOR STAFF WORKING IN MENTAL HEALTH SERVICES :

To encourage the staff working in mental health services and as appreciation of the job they are doing. Govt. has decided to pay additional allowance to them. It will be as following :

- Psychiatrists with degree equivalent to Ph.D. in psychiatry = 100%
- Psychiatrists with diploma in psychiatry = 50%
- General Doctor and all other staff of mental health services = 30%

FUTURE PLANNING :

In next 20 years Kingdom will have 8,000 beds for psychiatric patients. 50% of these beds will be in mental hospitals while the rest 50% will be in short stay psychiatric units in general hospitals within next five years.

Position will be as following :

Western Region at Taif	:	One psychiatric teaching and educational centre with five hundred beds.
Middle Region at Riyadh	:	300 beds psychiatric hospital.
Northern Region at Madina	:	300 beds psychiatric hospital.
Eastern Region at Hafoof	:	200 beds psychiatric hospital.

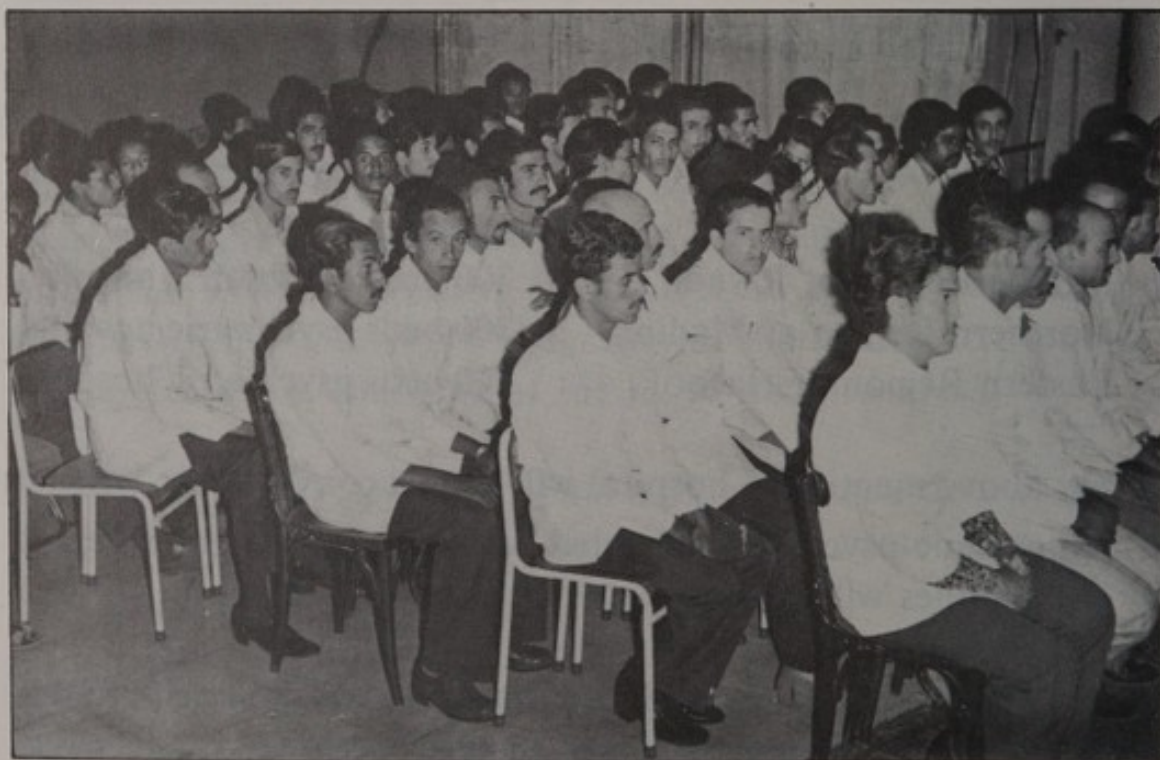
Every above mentioned hospital will have a convalescent home in which chronic psychiatric disabled patients who are not accepted by the families will be kept.

Moreover, vocational schools for handicapped and schools for mentally sub-normals are planned in every region.

We hope by the grace of God mental health services in the country will be continuously improving and expanding.



PATIENTS' FOOT-BALL TEAM



FIRST GROUP OF ASSISTANT PSYCHIATRIC NURSING
ATTENDING A LECTURE



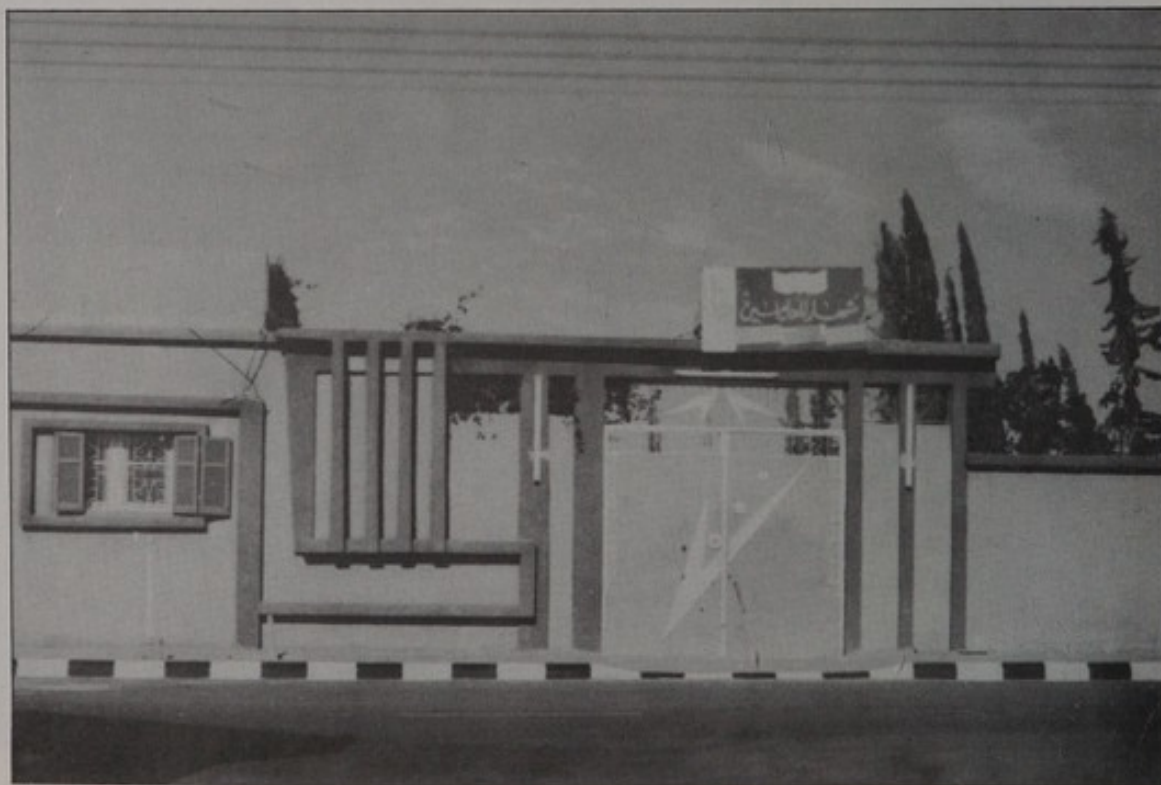
A VIEW OF THE REHABILITATION CENTRE



PATIENTS IN MOSQUE WITH SOCIAL WORKER AT
REHABILITATION CENTRE



H.E. DR. ALJAZAIRY (MINISTER OF HEALTH) WITH H.E. HASSAN A. AL SHEIKH (MINISTER OF HIGHER EDUCATION) AND DR. OSAMA ON FIRST D.P.M. PASSING OUT CEREMONY, DR. M. RAFIQUE RECEIVING HIS D.P.M. DEGREE.



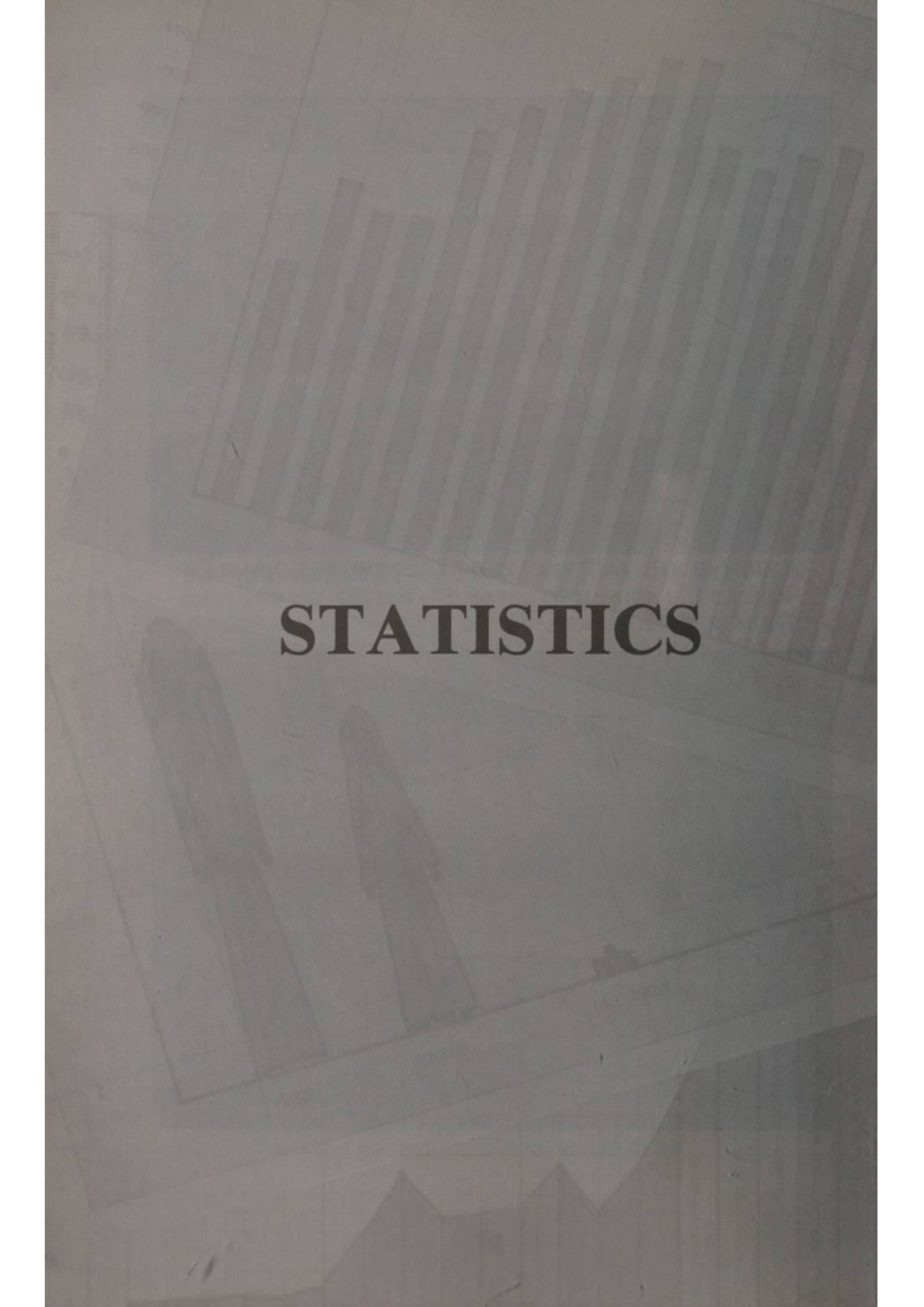
A VIEW OF THE HOSPITAL STAFF CLUB



A VIEW OF THE TAIF VOCATIONAL CENTRE FOR DISABLED



PATIENTS HAVING DRINKS IN HOSPITAL CAFETERIA

The background of the page is a faded, sepia-toned collage of various statistical visualizations. In the upper half, there is a large bar chart with numerous vertical bars of varying heights. Below this, on the left side, is a line graph showing a fluctuating trend. In the lower half, there are two more bar charts: one on the left with fewer, taller bars, and another on the right with many short bars. The word "STATISTICS" is centered over the middle of these charts.

STATISTICS

**CHART SHOWING ADMISSION AND DISCHARGE OF PATIENTS
FROM 1962 TO 1981 M.**

Year	Admission	Discharge
1962	578	230
1963	522	280
1964	779	419
1965	776	325
1966	843	387
1967	899	696
1968	977	670
1969	1084	805
1970	1238	824
1971	1489	1226
1972	1929	1917
1973	1772	1618
1974	2379	2075
1975	2114	2074
1976	2105	2015
1977	2335	1757
1978	2437	1994
1979	2323	2094
1980	2341	2574
1981	1941	1957

N. B. : Admission does not mean first admission. It may be readmission.

**AVERAGE NUMBER OF INDOOR PATIENTS IN DIFFERENT
YEARS AT PSYCHIATRIC HOSPITAL, TAIF**

Year	Average Number of Indoor Patients
1962	620
1963	855
1964	801
1965	810
1966	1064
1967	1150
1968	1226
1969	1279
1970	1359
1971	1382
1972	1182
1973	1152
1974	1208
1975	1260
1976	1405
1977	1517
1978	1569
1979	1574
1980	2251
1981	1400

**NUMBER OF PATIENTS WHO ATTENDED OUTDOOR AT
PSYCHIATRIC HOSPITAL, TAIF**

Year	Patients Attended Outdoor
1962	200
1963	250
1964	400
1965	596
1966	602
1967	1184
1968	4182
1969	7161
1970	4737
1971	5161
1972	5616
1973	7632
1974	4772
1975	7417
1976	11160
1977	15508
1978	15240
1979	20142
1980	22216
1981	20217

CHART SHOWING AVERAGE NUMBER OF INDOOR PATIENTS FROM THE YEAR 1962 - 1981

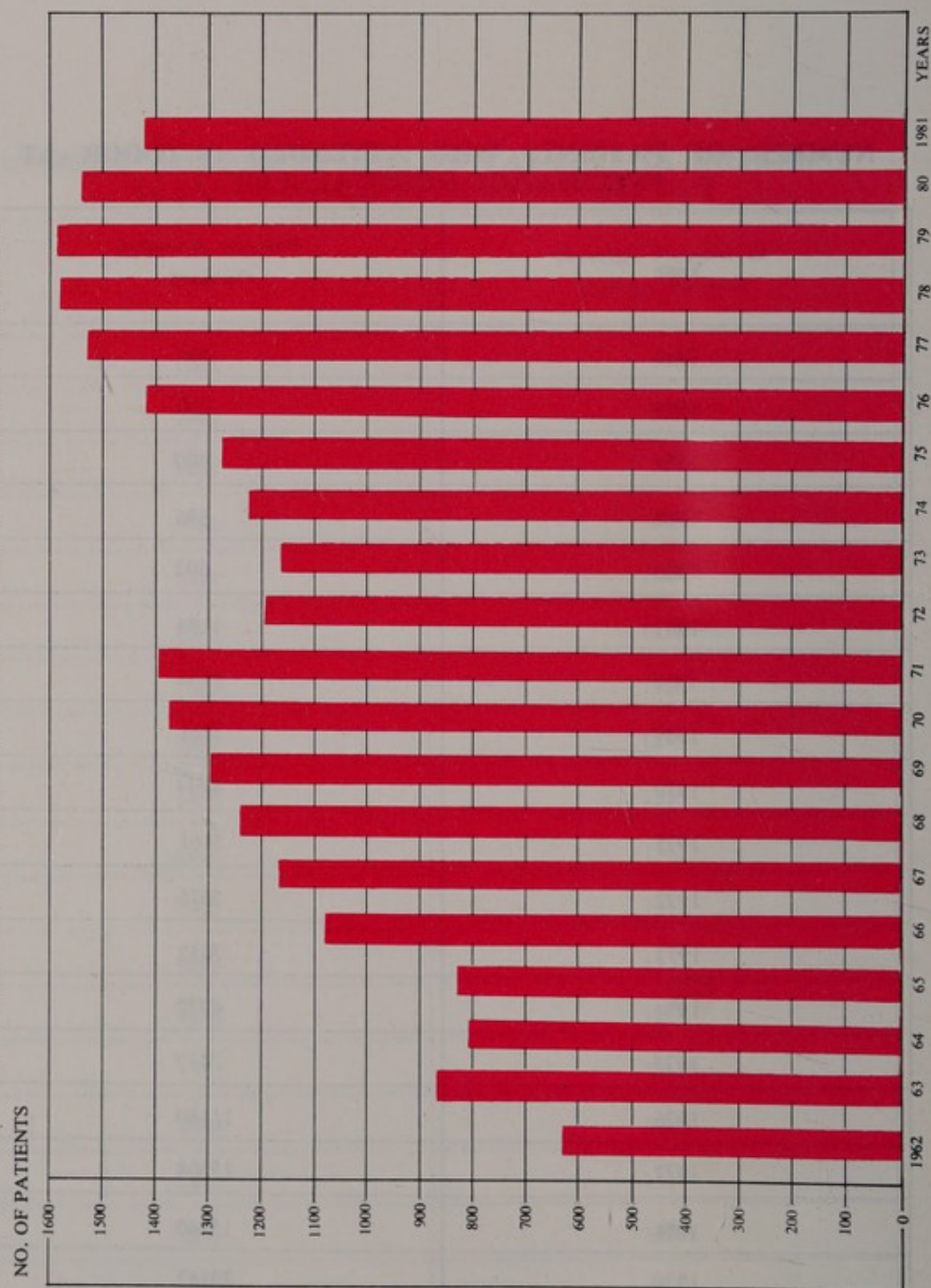
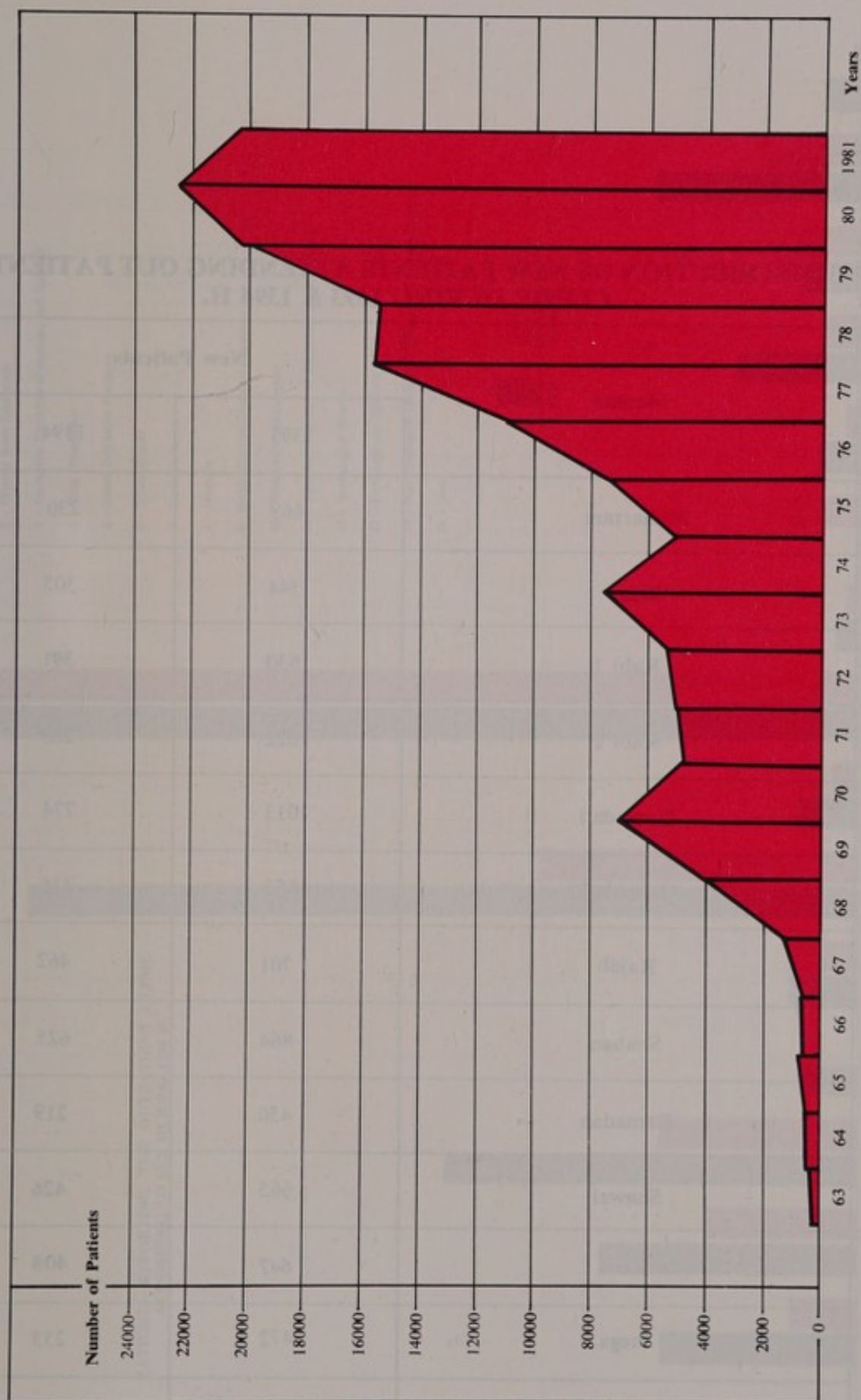


CHART SHOWING NUMBER OF CASES VISITED PSYCHIATRIC OUTDOOR CLINIC AT TAIF
FROM THE YEAR 1962 - 1982



**DISTRIBUTION OF NEW PATIENTS ATTENDING OUT PATIENT
CLINIC DURING 1393 & 1394 H.**

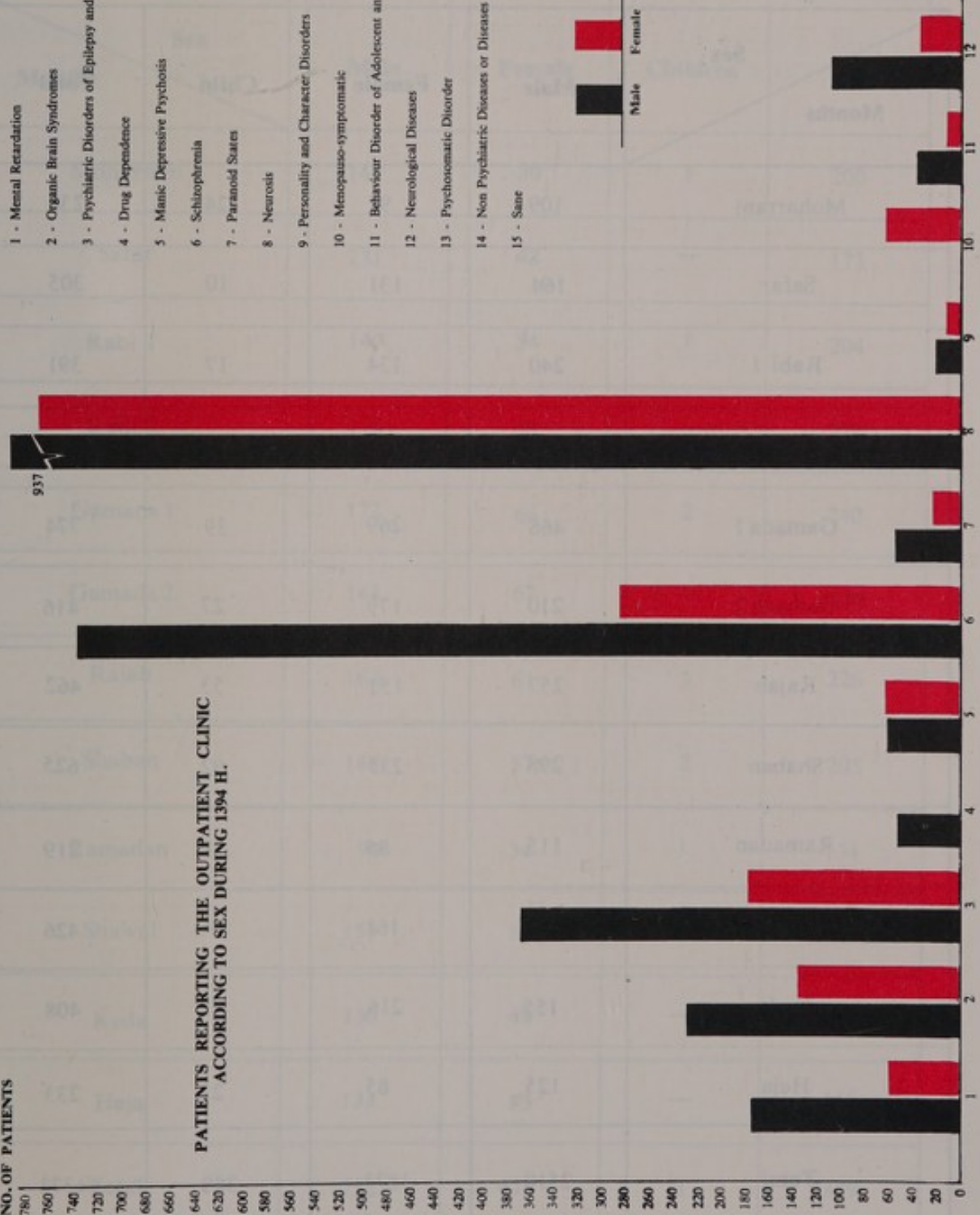
Months	New Patients	
	1393	1394
Moharram	469	230
Safar	544	305
Rabi 1	630	391
Rabi 2	622	283
Gamada 1	1013	774
Gamada 2	655	416
Rajab	701	462
Shaban	864	625
Ramadan	450	219
Shawal	665	426
Keda	647	408
hega	472	233
Total	7632	4772

NO. OF PATIENTS

780
760
740
720
700
680
660
640
620
600
580
560
540
520
500
480
460
440
420
400
380
360
340
320
300
280
260
240
220
200
180
160
140
120
100
80
60
40
20
0

PATIENTS REPORTING THE OUTPATIENT CLINIC
ACCORDING TO SEX DURING 1394 H.

- 1 - Mental Retardation
- 2 - Organic Brain Syndromes
- 3 - Psychiatric Disorders of Epilepsy and Epilepsy
- 4 - Drug Dependence
- 5 - Manic Depressive Psychosis
- 6 - Schizophrenia
- 7 - Paranoid States
- 8 - Neurosis
- 9 - Personality and Character Disorders
- 10 - Menopausal-symptomatic
- 11 - Behaviour Disorder of Adolescent and Childhood
- 12 - Neurological Diseases
- 13 - Psychosomatic Disorder
- 14 - Non Psychiatric Diseases or Diseases of Nervous System
- 15 - Same



**DISTRIBUTION OF NEW PATIENTS ATTENDING OUT PATIENT
CLINIC ACCORDING TO SEX DURING 1394 H.**

Months	Sex			
	Male	Female	Child	Total
Moharram	109	97	24	230
Safar	164	131	10	305
Rabi 1	240	134	17	391
Rabi 2	130	129	24	283
Gamada 1	466	269	39	774
Gamada 2	210	179	27	416
Rajab	257	152	53	462
Shaban	298	235	92	625
Ramadan	115	85	19	219
Shawal	241	161	24	426
Keda	155	216	37	408
Heja	125	85	23	233
Total	2510	1873	389	4772

**TABLE SHOWING THE NUMBER OF ADMISSIONS ACCORDING
TO SEX DURING 1394 H.**

Months \ Sex	Male	Female	Children	Total
Moharram	149	50	1	200
Safar	131	42	—	173
Rabi 1	149	54	1	204
Rabi 2	178	48	—	226
Gamada 1	172	66	2	240
Gamada 2	144	62	—	206
Rajab	162	61	3	226
Shaban	146	57	2	205
Ramadan	99	34	1	134
Shawal	159	60	1	220
Keda	130	49	—	179
Heja	133	33	—	166
Total	1752	616	11	2379

**THE AVERAGE OF PATIENTS ADMITTED IN HOSPITAL FROM
DIFFERENT REGIONS OF THE KINGDOM IN 1393 - 1394 H.**

Region	Hijri Cal.	1393	1394
West		760	725
East		102	116
Middle		100	113
North		95	122
South		142	121
Unknown		—	53
Total		1199	1250

**CHART SHOWING NUMBER OF INDOOR CASES ACCORDING
TO THEIR AGES YEAR 1398 - 1399 H.**

Year : 1398 H.					1399 H.			
Nationality					Nationality			
Age	Saudi	Non Saudi	Total		Saudi	Non Saudi	Total	
			Number	%			Number	%
Below 10 years	9	—	9	0.6	9	—	9	0.6
10 years	62	18	80	5.1	68	13	81	5.1
20 years	306	54	360	22.9	321	39	360	22.9
30 years	395	90	485	31.1	426	60	486	30.9
40 years	274	45	319	20.2	290	30	320	20.3
50 years	268	48	316	20.1	285	33	318	20.2
Grand Total	1314	255	1569		1399	1175	1574	
Percentage	83.7	16.3		100	88.9	11.1		100

**CHART SHOWING NUMBER OF INDOOR CASES
ACCORDING TO THEIR NATIONALITIES AND SEX
FOR THE YEAR OF 1398 - 1399 H.
(1978 - 1979 M.)**

Year	1398 H. / 1978 M.			1399 H. / 1979 M.		
S E X	N A T I O N A L I T Y					
	Saudi	Non-Saudi	Total	Saudi	Non-Saudi	Total
Male	1001	300	1201	1064	133	1197
Female	293	55	348	312	40	352
Children	19	1	20	23	2	25
Total	1314	255	1569	1399	175	1574
Total Percentage	83.7	16.3	100	88.9	11.1	100

**CHART SHOWING NUMBER OF INDOOR CASES ACCORDING TO THEIR EDUCATION IN
YEAR 1399 H. (1979 M.)**

YEAR	1978 M.				1979 M.		
	New	Old	Total		New	Old	Total
Education			Number	Percentage			Number Percentage
Illiterate	540	626	1166	74 . 3	201	988	1189 75 . 7
Can read & write	84	125	209	13 . 3	51	204	255 16 . 2
Primary School Certificate	—	—	—	—	29	55	84 5 . 3
Middle School Certificate	69	66	135	8 . 6	6	17	23 1 . 4
Secondary School Certificate	50	—	50	3 . 2	7	9	17 1 . 0
Higher Education	5	4	9	0 . 6	4	3	7 0 . 4
Total	748	821	1569	100	298	1276	1574 100

CHART SHOWING INDOOR CASES ACCORDING TO THEIR PROFESSION YEAR 1398 - 1399 H.
(1978 - 1979 M.)

Year :	1398 H.					1399 H.					
	Profession	S E X			Total	Percentage	S E X			Total	Percentage
		Male	Female	Children			Male	Female	Children		
	Skilled Labour	86	—	—	86	5.5	70	—	—	70	4.4
	Unskilled Labour	149	—	—	149	9.5	174	—	—	174	11. —
	Agriculturist	176	—	—	176	11.2	194	—	—	194	12.3
	Trade	129	—	—	129	8.2	67	—	—	67	4.2
	Govt. Servants	126	—	—	126	8. —	82	—	—	82	5.1
	Special Technical jobs	15	—	—	15	1. —	8	—	—	8	0.5
	Students	43	—	—	43	2.7	4	—	—	4	0.3
	Jobless	293	—	—	293	18.7	550	—	—	550	35.1
	House Wife	—	346	—	346	22. —	—	347	—	347	22.1
	Children	—	—	20	20	1.3	—	—	25	25	1.6
	Others	184	2	—	186	11.9	48	5	—	53	3.4
	Total	1201	348	20	1569		1197	352	25	1574	
	Percentage	76.5	22.2	1.3		100	76		1.6		100

**CHART SHOWING NUMBER OF INDOOR CASES ACCORDING TO
THEIR MARITAL STATUS IN THE YEAR OF 1398 - 1399
H.(1978 - 1979 M.)**

Year	1398 H. / 1978 M.					1399 H. / 1979 M.				
Sex	M	F	C	Total	%	M	F	C	Total	%
Marital Status										
Below Marriage Age		—	20	20	1.3	—	—	25	25	1.6
Unmarried	575	60	—	635	40.4	777	63	—	84	53.5
Married	299	92	—	391	25.-	212	105	—	317	20.1
Divorced	176	76	—	252	16.-	165	81	—	246	15.6
Widow	48	120	—	168	10.7	30	103	—	133	8.4
Unknown	103	—	—	103	6.6	13	—	—	13	.8
Total	1201	348	20	1569		1197	352	25	1574	
Total Percentage	76.5	22.2	1.2		100	79.-	22.4	1.6		100

* 47 % of Indoor cases were unmarried.

CHART SHOWING NUMBER OF INDOOR CASES ACCORDING TO THEIR DIAGNOSIS YEAR
1398 - 1399 H. (1978 - 1979 M.)

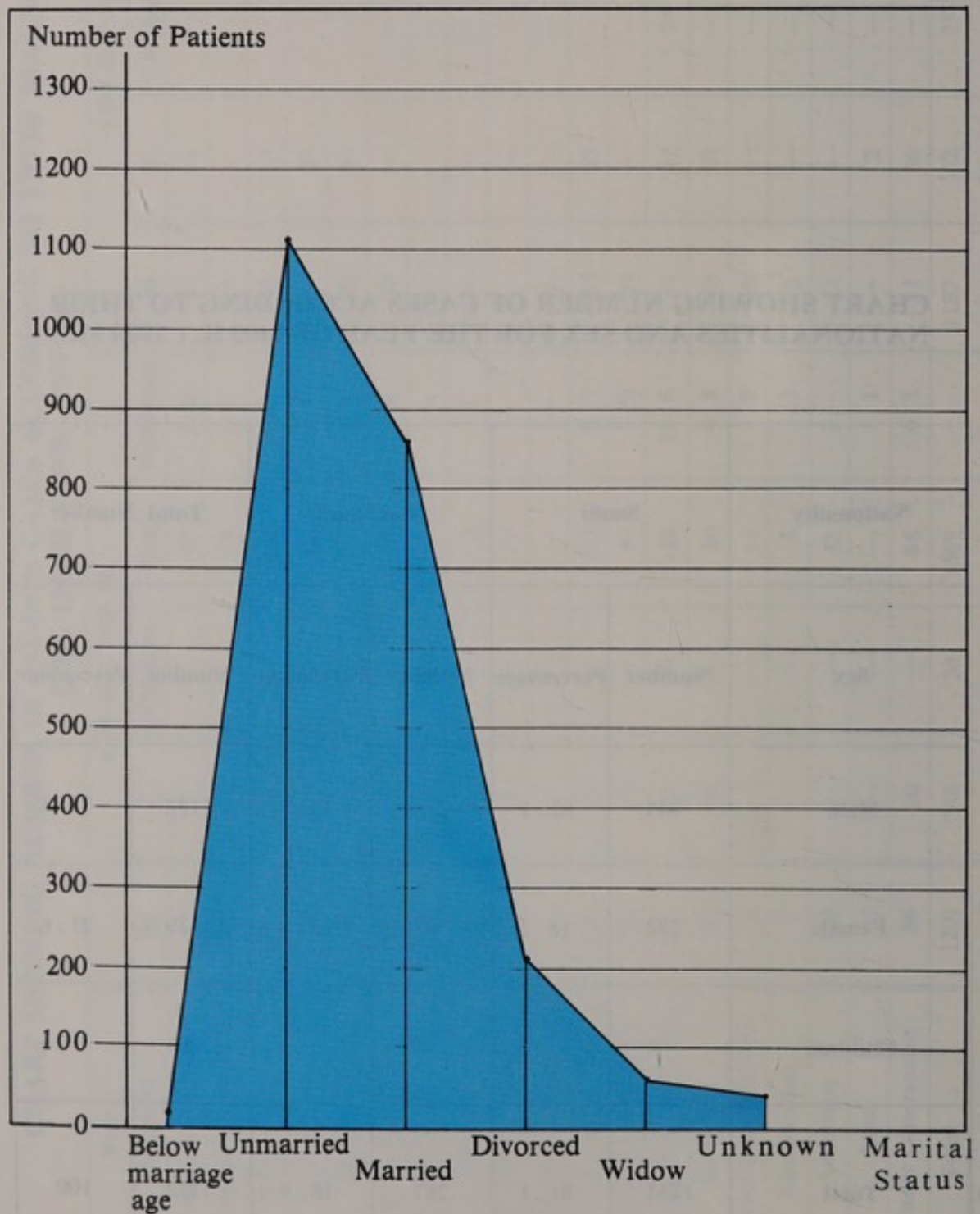
Year :	1398 H. / 1978 M.					1399 H. / 1979 M.				
	M.	F.	Children	Total	Percentage	M.	F.	Children	Total	Percentage
Paranoid Psychosis	52	9	—	61	3.9	81	12	—	93	5.9
Organic Psychosis	23	—	—	23	1.5	4	—	—	4	.4
Schizophrenia	626	194	—	820	52.3	644	113	—	857	54.4
Mania	38	24	—	62	.4	7	27	—	34	2.2
Depression	8	13	—	21	1.3	22	24	—	46	2.9
M. D. Psychosis	10	—	—	10	.6	29	—	—	29	1.8
Hysteria	—	—	—	—	—	—	—	—	—	—
Anxiety	2	—	—	2	.1	—	—	—	—	—
Obs. Comp. Neurosis	—	—	—	—	—	—	—	—	—	—
Reactive Depression	—	—	—	—	—	—	—	—	—	—
Epilepsy	100	5	—	105	6.7	65	25	—	90	5.7
Epileptic Psychosis	25	9	—	61	3.9	25	—	—	25	1.6
Mental Sub - normality	110	52	20	182	11.6	81	42	25	148	9.4
Dementia	40	30	—	80	4.5	43	71	—	114	7.2
Personality Disorder	12	2	—	14	.9	18	—	—	18	1.1
Unclassified	5	—	—	5	.3	3	—	—	3	.2
Addiction	32	—	—	32	2.1	23	—	—	23	1.5
Sane	2	—	—	—	.1	—	2	—	2	.2
Under Observation	86	10	—	96	6.1	51	36	—	87	5.5
Total	1201	348	20	1569		1197	352	25	1574	
Percentage	76.5	22.2	1.3	100		76	22.4	1.6	100	

MARITAL STATUS FOR ADMISSION IN 1400 H.
CHART SHOWING NUMBER OF INDOOR CASES ACCORDING
TO THEIR AGES FOR THE YEAR OF 1400 H. (1980 M.)

**CHART SHOWING NUMBER OF CASES ACCORDING TO THEIR
NATIONALITIES AND SEX FOR THE YEAR OF 1400 H. (1980 M.)**

Nationality	Saudi		Non Saudi		Total Number	
	Number	Percentage	Number	Percentage	Number	Percentage
Male	945	62 . 1	238	15 . 7	1182	77 . 8
Female	282	18 . 5	47	3 . 1	329	21 . 6
Children	8	. 5	2	. 1	10	. 6
Total	1235	81 . 1	287	18 . 9	1522	100

MARITAL STATUS FOR ADMISSION IN 1400 H.



**CHART SHOWING NUMBER OF INDOOR CASES ACCORDING
TO THEIR AGES FOR THE YEAR OF 1400 H. (1980 M.)**

year 1400 H. / 1980 M.			
Age	Saudi	Non Saudi	Total
Below 10 years	8	2	10
10 - 20 yrs.	53	1	54
20 - 30 yrs.	339	90	429
30 - 40 yrs.	400	98	498
40 - 50 yrs.	215	73	288
50 and above	220	23	243
Total	1235	287	1522

**STATISTICAL LIST OF ADMISSIONS DIFFERENTIATED
ACCORDING TO SEX IN 1400 H. (1980 M.)**

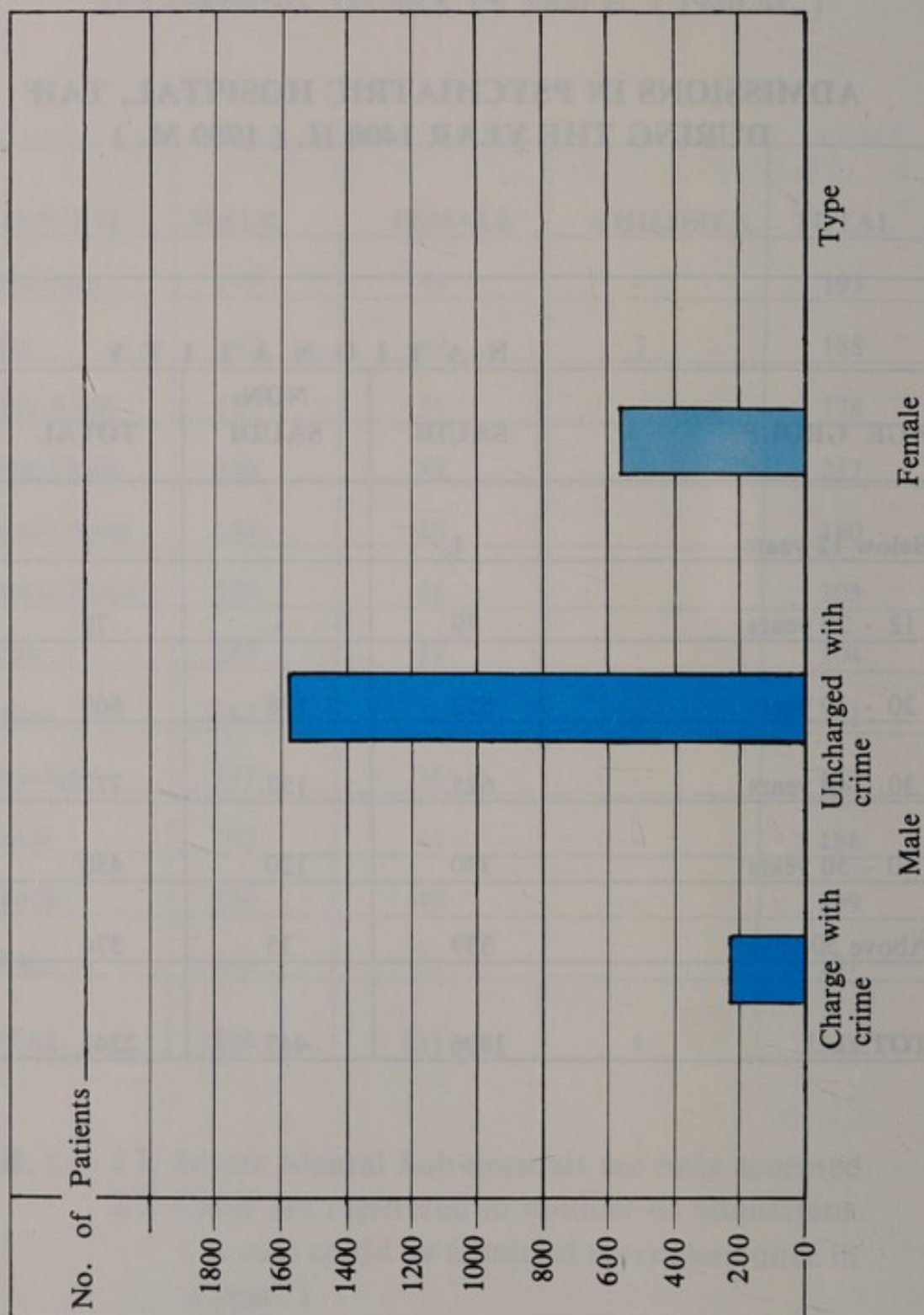
M O N T H	MALE	FEMALE	CHILDREN	TOTAL
Moharram	149	44	-	193
Safar	147	40	1	188
Rabia Awal	127	51	-	178
Rabia Thani	168	49	-	217
Jamadi Awal	144	36	-	180
Jamadi Thani	180	35	-	205
Rajob	165	39	-	204
Shaban	167	54	-	221
Ramadan	137	36	-	173
Shawal	142	44	-	186
Zilkodh	150	49	-	199
Zilhajj	143	54	-	197
TOTAL	1809	531	1	2341

N.B. : 1). Severe Mental Sub-normals are only accepted.
2). Cases are registered in number of admissions.
(A case could be admitted more than once in
a year.)

**ADMISSIONS IN PSYCHIATRIC HOSPITAL, TAIF
DURING THE YEAR 1400 H. (1980 M.)**

AGE GROUP	N A T I O N A L I T Y		
	SAUDI	NON- SAUDI	TOTAL
Below 12 years	1	-	1
12 - 20 years	79	-	79
20 - 30 years	522	138	660
30 - 40 years	625	152	777
40 - 50 years	330	120	450
Above 50 years	339	35	374
TOTAL	1896	445	2341

ADMISSION ACCORDING TO SEX AND TYPE OF CASES YEAR 1400 H.. (1980 M.)



ADMISSIONS ACCORDING TO SEX AND DIAGNOSIS
YEAR 1400 H. (1980 M.)

**ADMISSIONS DIFFERENTIATED, ACCORDING TO SEX
 AND CONDITION IN 1400 H. (1980 M.)**

S E X	NUMBER
Male (Charge with crimes)	255
Male (Uncharged)	1554
Female	531
Children	1
TOTAL	2341

N.B. Cases are registered here in number of admissions. (A patient could be admitted more than once a year)

**NUMBER OF INDOOR CASES ACCORDING TO THEIR
PROFESSION YEAR 1400 H. (1980 M.)**

S E X				
Profession	M.	F.	Total	Percentage
Skilled Labour	78	—	78	5 . 1
Unskilled Labour	235	—	235	15 . 2
Agriculturist	262	—	262	71 . 2
Unclassified	30	—	30	2 . 0
Govt. Servants	83	—	83	5 . 5
Special Tech. Jobs.	23	—	23	1 . 5
Students	10	—	10	0 . 7
Jobless	404	—	404	26 . 6
House wife	—	320	320	21 . -
Underage	9	9	18	1 . 2
Others	58	—	58	2 . 8
Total	1192	33	1522	100

**ADMISSIONS ACCORDING TO SEX AND DIAGNOSIS
YEAR 1400 H. (1980 M.)**

DIAGNOSIS		MALE	FE- MALE	CHILD- REN	TOTAL
Paranoid Psychosis		106	5	-	111
Organic Psychosis		-	-	-	-
Schizophrenia		1538	476	-	2014
AFFECTIVE PSYCHOSIS	Mania	-	5	-	5
	Depression	25	10	-	35
	Manic-depres- sion Psychosis	18	-	-	18
NEUROSES	Hysteria	-	-	-	-
	Anxiety	20	-	-	20
	Obsessional	-	-	-	-
	Depression	-	-	-	-
EPILEPSY	Epilepsy	-	-	-	-
	Epi. Psychosis	-	-	-	-
Mental Sub-normality		-	35	1	36
Senile Dementia		-	-	-	-
Personality Disorder		-	-	-	-
Nervous Disease		-	-	-	-
Drug Dependence		10	-	-	10
Sane		12	-	-	12
Under Observation		80	-	-	80
SUM TOTAL		1809	531	1	2341

N.B. : Cases are registered here in number of admissions. (A patient could be admitted more than once a year).

**MARITAL STATUS FOR INPATIENTS IN PSYCHIATRIC
HOSPITAL, TAIF IN THE YEAR 1400 H. (1980 M.)**

MARITAL STATUS	MALE	FEMALE	NUMBER	PER- CENTAGE
Below Marriage Age	17	6	23	1.0%
Single	868	255	1123	48.0%
Married	669	197	866	37.0%
Divorced	163	48	211	9.0%
Widow	54	17	71	3.0%
Unknown	39	8	47	2.0%
TOTAL	1810	531	2341	100.0%

**CHART SHOWING NUMBER OF INDOOR CASES ACCORDING
TO THEIR MARITAL STATUS, YEAR 1400 H (1980 M.)**

Marital Status	Male	Female	Children	Total	Percentage
Below Marriage Age	9	9	—	18	1.2
Unmarried	750	86	—	836	54.9
Married	250	70	—	320	21. -
Divorced	131	92	—	223	14.7
Widow	30	48	—	78	5.1
Unknown	22	25	—	47	3.1
Total	1192	330	—	1522	100

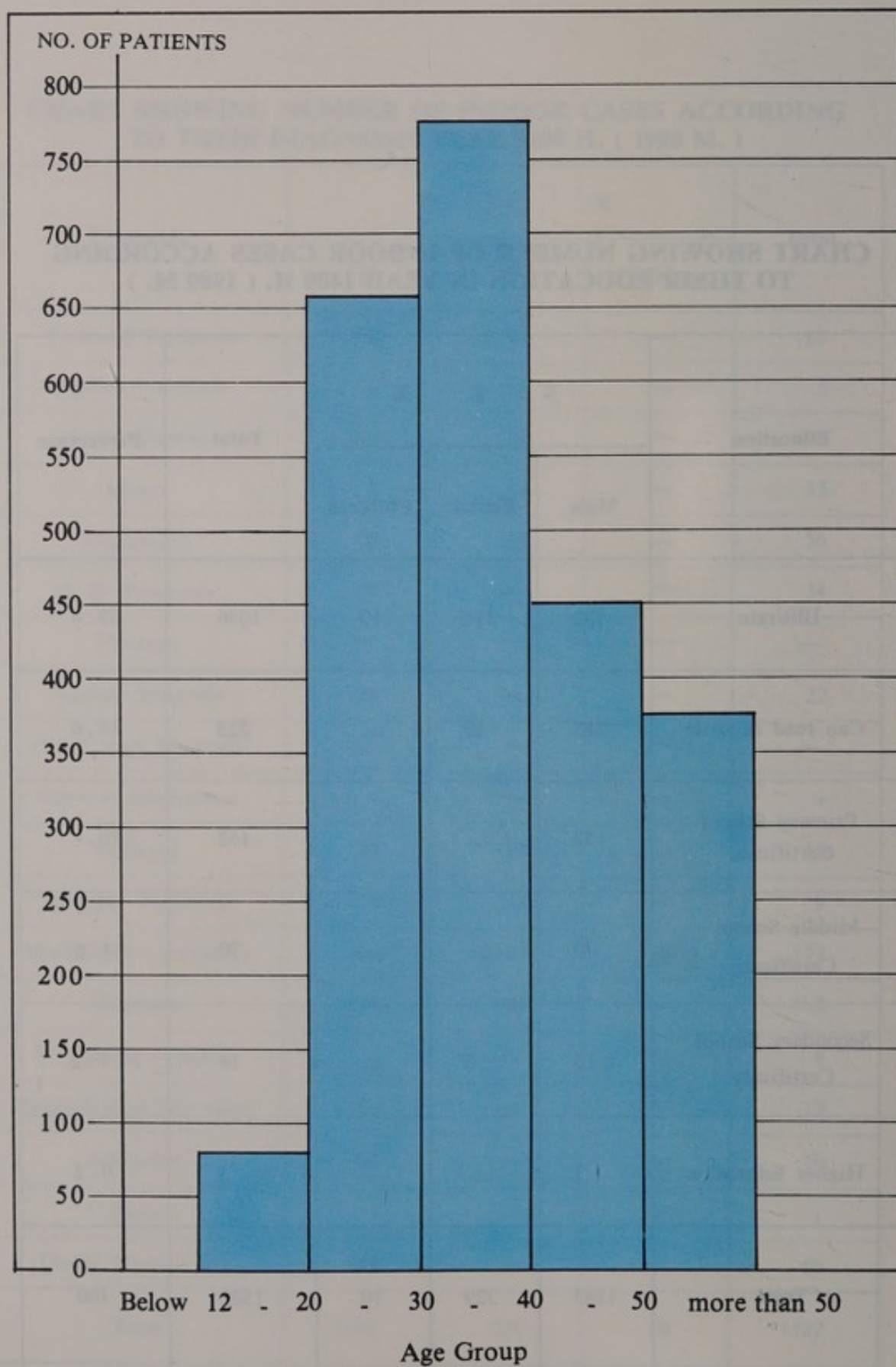
**CHART SHOWING NUMBER OF INDOOR CASES ACCORDING
TO THEIR DIAGNOSIS YEAR 1400 H. (1980 M.)**

Diagnosis	S E X			Total
	M	F	Children	
Paranoid Psychosis	174	15	—	189
Organic Psychosis	5	—	—	5
Schizophrenia	594	82	—	676
Mania	2	13	—	15
Depression	28	28	—	56
M. D. Psychosis	34	—	—	34
Hysteria	—	—	—	—
Anxiety Neurosis	22	—	—	22
Obs. Comp. Neurosis	—	—	—	—
Reactive Depression	4	—	—	4
Epilepsy	50	19	—	69
Epileptic Psychosis	8	1	—	9
Mental Sub - normality	64	103	10	177
Dementia	104	68	—	172
Personality Disorder	4	—	—	4
Neurological Disorders	19	—	—	19
Addiction	10	—	—	10
Sane	1	—	—	1
Under Observation	60	—	—	60
Total	1183	329	10	1522

**CHART SHOWING NUMBER OF INDOOR CASES ACCORDING
TO THEIR EDUCATION IN YEAR 1400 H. (1980 M.)**

Education	S E X			Total	Percentage
	Male	Female	Children		
Illitrate	730	316	10	1056	69 . 4
Can read & write	217	10	—	223	14 . 6
Primary School Certificate	152	—	—	152	10 . -
Middle School Certificate	70	—	—	70	4 . 6
Secondary School Certificate	15	3	—	18	1 . 2
Higher Education	3	—	—	3	0 . 2
Total	1183	329	10	1522	100

ADMISSIONS IN 1400 H. (AGE GROUP)



**LIST OF PATIENTS ENROLLED IN REHABILITATION AND
OCCUPATIONAL THERAPY DURING 1400 H. (1980 M.)**

TYPE OF ACTIVITIES	NUMBER	PERCENTAGE
Gardening	5	6.4%
Electricity	8	10.2%
Carpetmaking	8	10.2%
Carpentry	7	9.0%
Drawing & Manual work	22	28.2%
Left	3	3.7%
Agriculture	5	6.4%
Typewriting	5	6.4%
Painting & Decoration	-	-
Sewing	15	19.2%
TOTAL	78	100.0%

**ADMISSIONS DIFFERENTIATED IN OCCUPATIONS AND
SEX IN 1400 H. (1980 M.)**

O C C U P A T I O N	MALE	FEMALE	NUMBER	PER- CENTAGE
Skilled	54	-	54	2.3%
Unskilled	280	-	280	12.0%
Agriculture	185	-	185	7.9%
Private Service	40	-	40	1.7%
Govt. Service	90	5	95	14.1%
Special Tech. Jobs	15	-	15	0.6%
Student	18	-	18	0.8%
Unemployed	995	-	995	42.5%
House Wives	-	516	516	22.0%
Below Age	18	10	28	1.2%
Others	115	-	115	4.9%
TOTAL	1810	531	2341	100.0%

**EDUCATIONAL STATUS FOR INPATIENTS IN PSYCHIATRIC
HOSPITAL IN THE YEAR 1400 H.(1980 M.)**

EDUCATIONAL STATUS	MALES	FEMALES	CHILDREN	TOTAL	PERCENTAGES
Illiterate	1067	508	-	1576	67.3%
Read & Write	362	14	-	376	16.0%
Primary Education	217	-	-	217	9.3%
Intermediate Education	109	4	-	113	4.8%
Secondary Education	36	5	-	41	1.8%
Higher Education	9	-	-	9	0.4%
Unknown	9	-	-	9	0.4%
TOTAL	1809	531	1	2341	100.0%

**NUMBER OF PATIENTS VISITED THE PSYCHIATRIC OUTDOOR
DURING THE YEAR OF 1401 H. (1981 M.)**

Name of Month	Male	Female	Children	Total
Moharram	1136	637	28	1791
Safar	1182	588	25	1795
Rabia Awal	1016	551	35	1602
Rabia Thani	640	351	23	1014
Jamadia Awal	565	317	12	894
Jamadia Thani	1188	937	—	2125
Rajab	974	670	63	1707
Shaban	1083	796	133	2010
Ramadan	808	584	98	1490
Shawal	1058	716	127	1901
Zilkadh	1218	846	84	2148
Zilhajj	1008	699	33	1740
Grand Total	11876	7682	659	20217

**TABLE SHOWING THE NUMBER OF PATIENTS ADMITTED IN
THE YEAR OF 1401 H. (1981 M.)**

Name of Month	Male	Female	Children	Total
Moharram	118	30	—	148
Safar	124	27	—	151
Rabia Awal	125	33	—	158
Rabia Thani	126	41	—	167
Jamadia Awal	142	43	—	185
Jamadia Thani	116	33	—	149
Rajab	158	38	—	196
Shaban	130	37	—	167
Ramadan	95	23	—	118
Shawal	130	24	—	172
Zilkadh	166	51	—	217
Zilhajj	87	26	—	113
Grand Total	1517	424	—	1941

**NUMBER OF PATIENTS DISCHARGED WITH DURATION IN
THE YEAR OF 1401 H. (1981 M.)**

Name of Month	Number of Patients	Duration of Stay
Moharram	163	20166 Days
Safar	174	15011
Rabia Awal	171	16938
Rabia Thani	166	30915
Jamadia Awal	163	29435
Jamadia Thani	139	12782
Rajab	159	26026
Shaban	154	44739
Ramadan	109	13633
Shawal	156	27617
Zilkadh	232	17447
Zilhajj	171	27334
Grand Total	1957	282043

**TABLE OF INDOOR PATIENTS ACCORDING TO SEX AND PROFESSIONS FOR MOHARRAM
1401 (1981)**

Marital Status	Unmarried		Married		Divorced		Widow		Unknown		Total		Grand Total
	M	F	M	F	M	F	M	F	M	F	M	F	
Sex													
Profession													
Skilled Labour	34	—	26	—	18	—	—	—	—	—	78	—	78
Unskilled Labour	111	—	66	—	16	—	12	—	10	—	215	—	215
Agriculturist	137	—	44	—	35	—	14	—	12	—	242	—	242
Business	19	—	7	—	4	—	—	—	—	—	30	—	30
Military Service	20	—	2	—	—	—	—	—	—	—	22	—	22
Public Service	6	—	3	—	—	—	—	—	—	—	9	—	9
Clerical Job	23	—	11	—	5	—	—	—	—	—	39	—	39
Teacher	8	1	3	—	—	—	—	—	—	—	12	1	12
Technical	18	—	4	—	1	—	—	—	—	—	23	—	23
Jobless	283	—	39	—	49	—	4	—	—	—	375	—	375
House Wife	—	67	—	77	—	92	—	48	—	25	—	319	319
National Guards	2	—	—	—	—	—	—	—	—	—	2	—	2
Student	9	—	1	—	—	—	—	—	—	—	10	—	10
Shepherd	40	—	7	—	3	—	—	—	—	—	50	—	50
Unknown	—	—	1	—	—	—	—	—	—	—	1	—	1
Children	9	9	—	—	—	—	—	—	—	—	18	9	18
Total	710	78	214	77	131	92	30	48	22	25	1445	329	1445

**TABLE OF INDOOR PATIENTS IN MONTH OF MOHARRAM 1401 H. (1981 M.) ACCORDING TO
THEIR AGES; SEX AND NATIONALITIES (PSYCHIATRIC HOSPITAL, TAIF)**

Age	1 - 10 years		10 - 20 yrs.		20 - 30 yrs.		30 - 40 yrs.		40 - 50 yrs.		50 -		Total	
Sex	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Nationality														
Saudi	5	3	23	30	265	60	322	64	150	55	150	70	915	282
Yemani	—	—	—	—	55	3	38	7	8	6	3	7	106	23
Hazarmi	—	—	—	—	2	—	20	1	31	2	—	—	53	3
Arab Emirates	—	—	—	—	—	—	—	1	—	—	—	—	—	1
Palestinian	1	—	—	1	—	—	—	—	—	—	—	1	1	2
Egyptian	—	—	—	—	1	—	4	—	3	—	—	—	8	—
Jordanian	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Syrian	—	—	—	—	—	—	2	—	—	—	—	—	2	—
Lebanese	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Moroccan	—	—	—	—	—	—	1	—	—	—	2	—	3	—
Pakistani	—	1	—	—	2	1	4	1	7	—	—	1	13	6
Indonesian	—	—	—	—	3	—	—	—	1	—	—	—	6	—
African	—	—	—	—	—	2	3	1	1	4	—	6	7	13
Rest	—	—	—	—	4	—	—	—	—	—	2	1	6	1
Total	6	4	23	31	332	66	396	75	201	67	157	86	1116	329

CHART SHOWING NUMBER OF INDOOR CASES ACCORDING TO THEIR AGES, SEX AND NATIONALITY OF THE YEAR OF 1401 H. (1981 M.)

Age	Below 10		10 - 20 Yr		20 - 30 Yr		30 - 40 Yr		40 - 50 Yr		50 & above		Total		Total
Sex	M	F	M	F	M	F	M	F	M	F	M	F	M	F	Total
Nationality															
Saudi	13	1	54	38	225	45	346	63	146	60	148	59	933	266	1198
Yemani	1	—	2	—	27	3	27	3	13	6	11	5	81	17	98
Hazarmi	—	—	1	1	7	1	6	1	3	5	3	1	20	9	29
Arab Emirates	—	—	—	—	—	—	1	1	—	1	—	—	1	2	3
Palstinian	1	—	—	1	—	—	—	—	1	—	—	—	2	1	3
Egyptian	—	—	1	—	—	—	1	—	—	—	—	—	2	—	2
Jordanian	—	—	—	—	1	—	2	—	—	—	—	—	3	—	3
Syrian	—	—	—	—	—	—	3	—	—	—	—	—	3	—	3
Lebanese	—	—	—	—	1	—	—	—	—	—	—	—	1	—	1
Moroccan	—	—	—	—	—	—	—	—	1	—	1	—	2	—	2
Pakistani	—	—	—	1	4	—	6	—	2	—	2	1	14	2	16
Indonesian	—	—	—	—	—	—	1	—	—	2	—	—	1	2	3
African	—	—	—	1	8	4	7	3	2	3	2	6	19	17	36
Others	—	—	—	—	2	—	2	—	—	—	1	5	5	5	10
Total	15	1	58	42	275	53	403	71	168	77	168	77	1086	321	1407

**CHART SHOWING NUMBER OF INDOOR CASES ACCORDING TO
THEIR PROFESSIONS AND MARITAL STATUS, 1401 H.(1981 M.)**

Marital Status :	Single		Married		Divorced		Widow		Notknown		Total	
Sex	M	F	M	F	M	F	M	F	M	F	M	F
Profession												
Skilled Labour	34	—	17	—	6	—	3	—	—	—	60	—
Unskilled Labour	82	—	45	—	18	—	6	—	—	—	151	—
Agriculturist	66	—	60	—	13	—	4	—	—	—	143	—
Trade	25	—	21	—	5	—	—	—	—	—	51	—
Military Personnel	22	—	8	—	4	—	1	—	—	—	35	—
Police man	6	—	14	—	4	—	2	—	—	—	26	—
Clerical Jobs	15	—	11	—	4	—	1	—	—	—	31	—
Teacher	2	—	2	—	—	—	—	—	—	—	4	—
Specialtech - nical Jobs	15	—	3	—	—	—	—	—	—	—	18	—
Jobless	423	—	22	—	33	—	6	—	—	—	484	—
House Wife	—	88	—	100	—	45	—	54	—	25	—	312
Shepherd	25	—	10	—	11	—	3	—	—	—	49	—
Students	13	—	1	—	—	—	—	—	—	—	14	—
Children	11	9	—	—	—	—	—	—	—	—	11	9
Driver	6	—	2	—	1	—	—	—	—	—	9	—
Total	745	97	217	100	99	45	26	54	—	25	1086	321

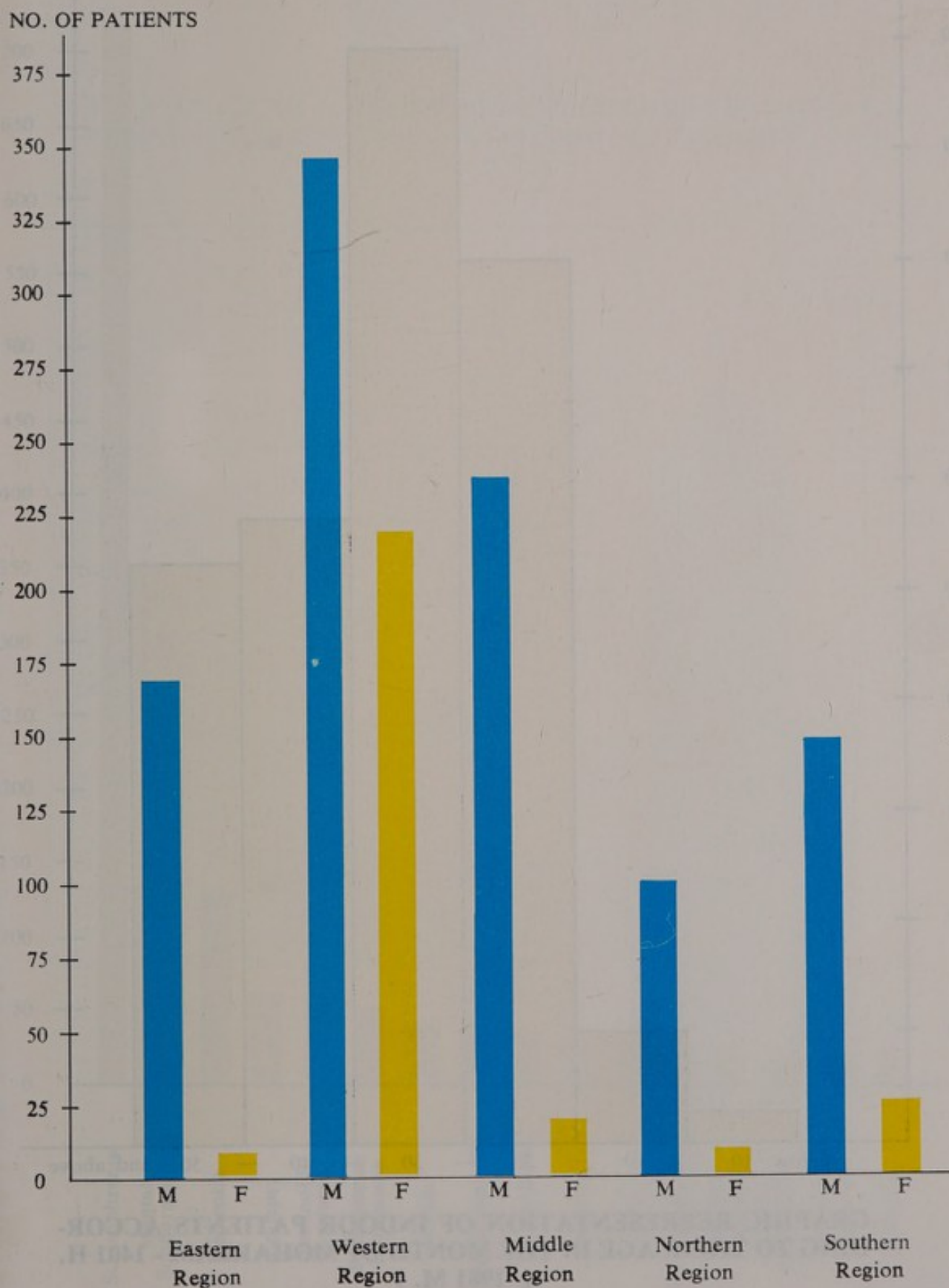
**TABLE OF INDOOR PATIENTS ACCORDING TO REGION OF REFERRAL, SEX AND DIAGNOSIS
FOR MOHARRAM 1401 (1981) :**

Region	Eastern		Western		Middle -		Northern		Southern		Undecided		Total		Grand Total
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
Sex															
Diagnosis															
Paranoid Psychosis	22	—	63	5	35	6	18	2	26	2	—	—	164	15	179
Organic Psychosis	1	—	4	0	0	0	0	—	—	—	—	—	5	—	5
Schizophrenia	86	6	201	39	147	16	42	5	75	16	3	—	554	82	636
Mania	—	—	1	8	1	3	—	—	—	2	—	—	2	13	15
Depression	2	—	10	25	9	1	3	—	4	2	—	—	28	28	56
M. D. Psychosis	8	—	14	—	5	—	2	—	5	—	—	—	34	—	34
Hysteria	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Anxiety Neurosis	7	—	3	—	8	—	4	—	—	—	—	—	22	—	22
Obsessive Neurosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Reactive Depression	—	—	4	—	—	—	—	—	—	—	—	—	4	—	4
Epilepsy	7	—	21	19	12	—	4	—	6	—	—	—	50	19	69
Epileptic Psycho Psychosis	1	—	2	1	2	—	1	—	2	—	—	—	8	1	9
Mental Subnormality	17	1	23	82	9	5	6	4	9	11	—	—	64	103	167
Dementia	18	1	23	53	21	1	15	7	13	6	4	94	68	162	
Personality Disorder	—	—	3	—	—	—	—	—	1	—	—	—	4	—	4
Neurological Cases	3	—	6	—	4	—	—	—	6	—	—	—	19	—	19
Addict	2	—	7	—	1	—	—	—	—	—	—	—	1	—	10
Sane	1	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Under Observation	10	—	19	—	10	—	—	—	13	—	—	—	53	—	53
Total	185	8	404	232	264	32	96	18	160	39	7	94	1116	329	1445

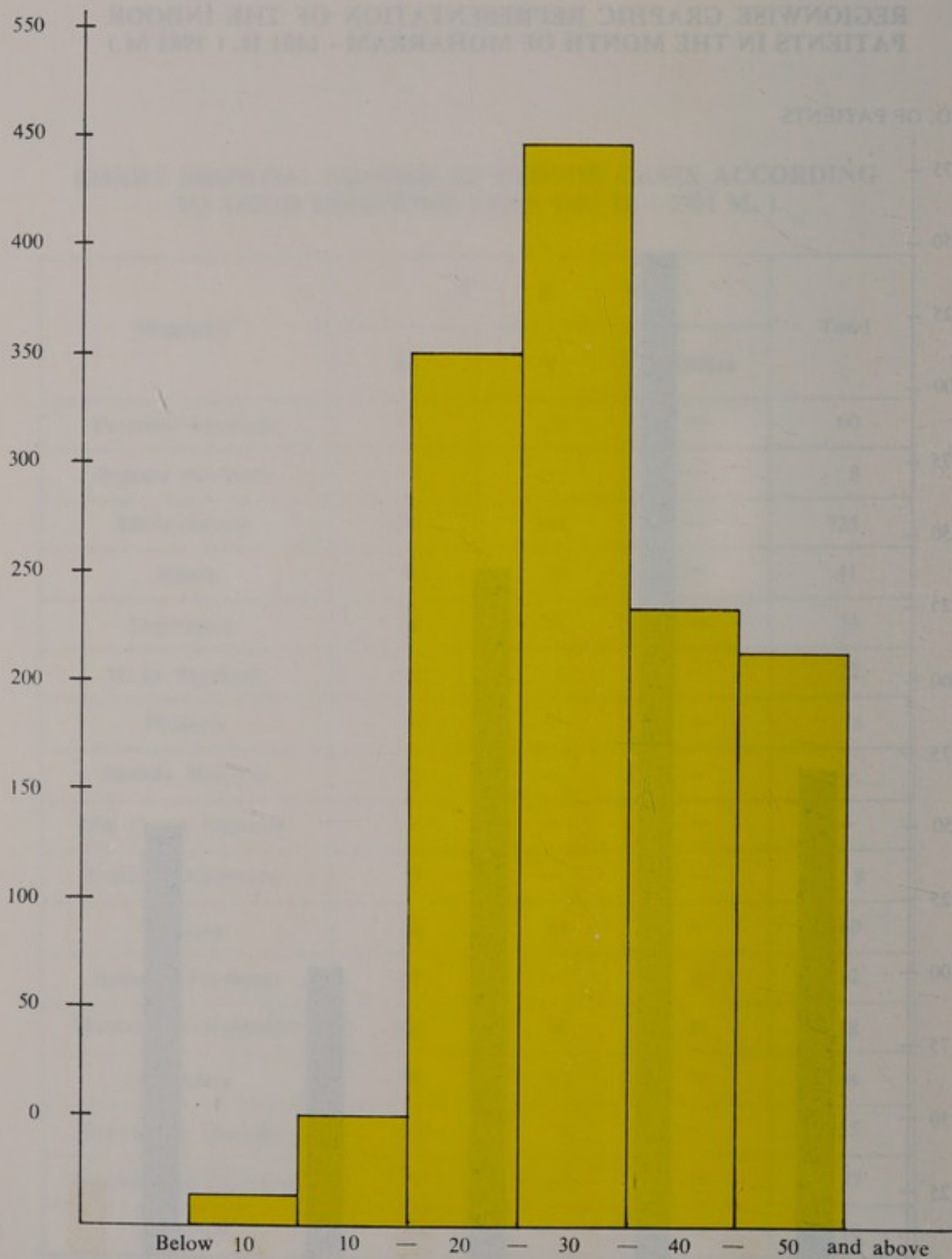
**CHART SHOWING NUMBER OF INDOOR CASES ACCORDING
TO THEIR DIAGNOSIS YEAR 1401 H. (1981 M.)**

Diagnosis	S E X			Total
	M	F	Children	
Paranoid Psychosis	43	17	—	60
Organic Psychosis	8	—	—	8
Schizophrenia	623	102	—	725
Mania	16	25	—	41
Depression	22	32	—	54
M. D. Psychosis	17	5	—	22
Hysteria	6	—	—	6
Anxiety Neurosis	—	—	—	—
Obs. Comp. Neurosis	—	—	—	—
Reactive Depression	9	—	—	9
Epilepsy	36	24	—	60
Epileptic Psychosis	12	—	—	12
Mental Sub - normality	100	58	20	178
Dementia	98	47	—	144
Personality Disorder	12	3	—	15
Neurological Disorders	37	—	—	37
Addiction	18	—	—	18
Sane	18	—	—	18
Total	1075	312	20	1407

REGIONWISE GRAPHIC REPRESENTATION OF THE INDOOR PATIENTS IN THE MONTH OF MOHARRAM - 1401 H. (1981 M.)

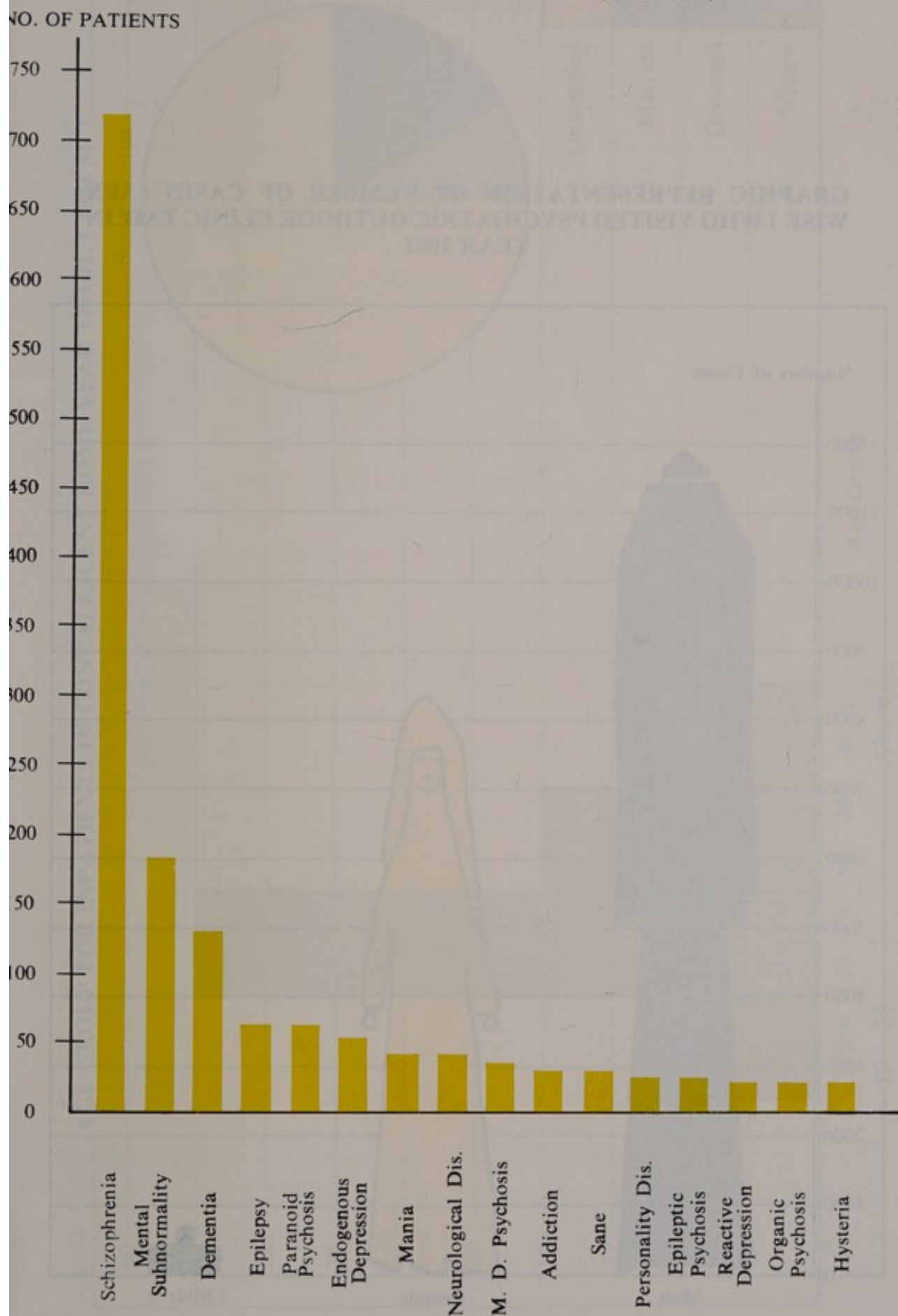


NO. OF PATIENTS

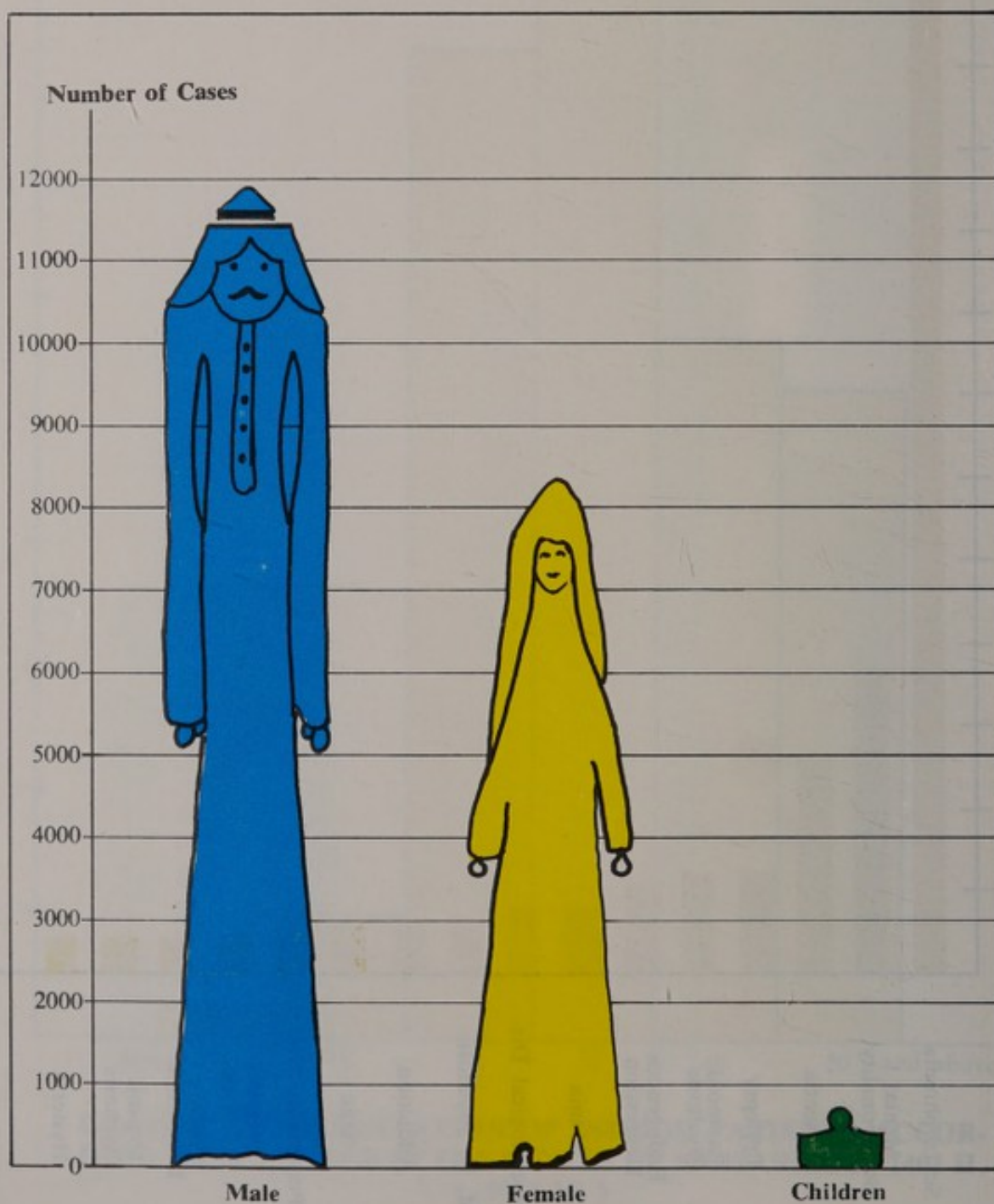


GRAPHIC REPRESENTATION OF INDOOR PATIENTS ACCORDING TO THEIR AGE IN THE MONTH OF MOHARRAM - 1401 H. (1981 M.)

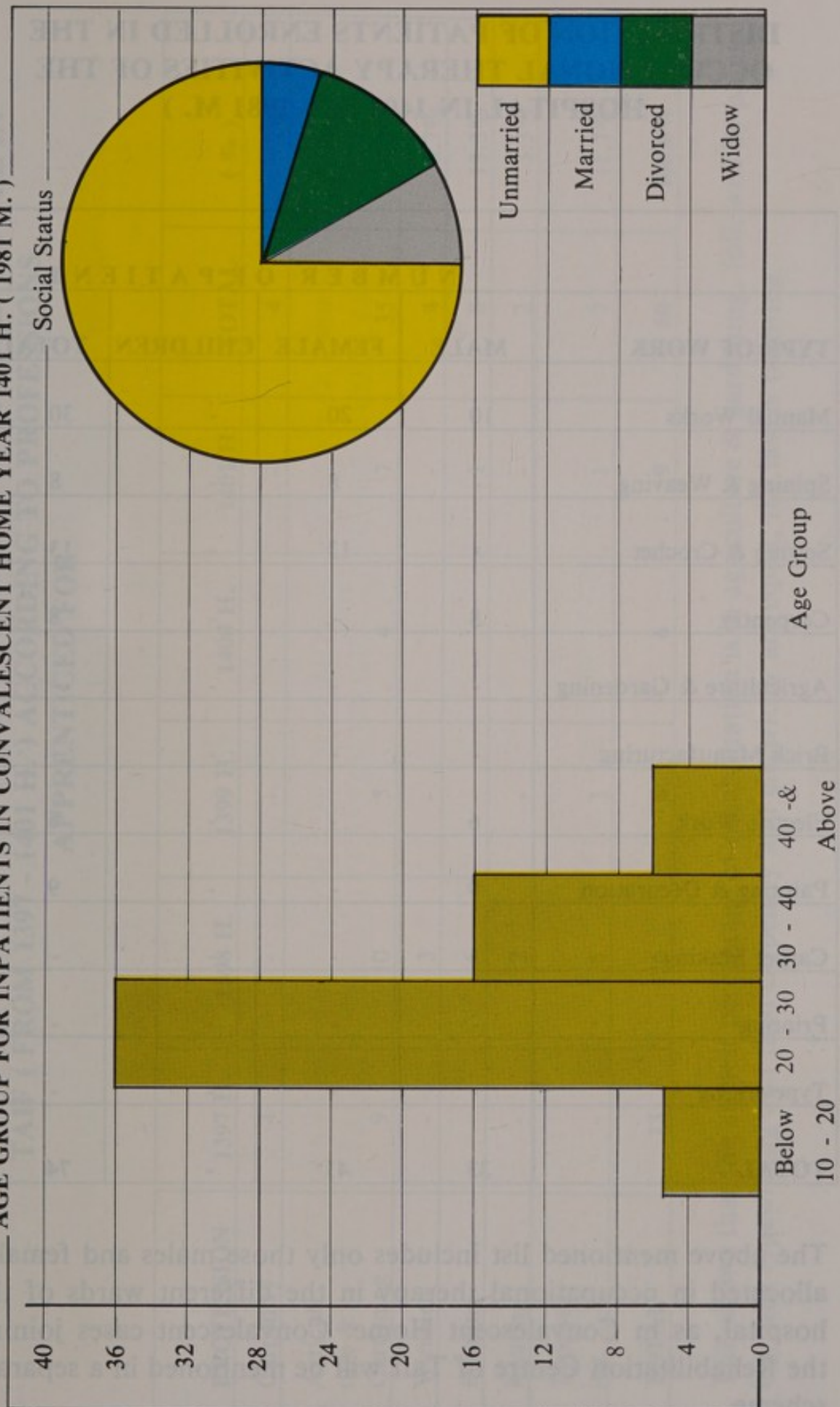
GRAPHIC REPRESENTATION ACCORDING TO DIAGNOSIS OF INDOOR CASES YEAR 1401 H. (1981 M.)



GRAPHIC REPRESENTATION OF NUMBER OF CASES (SEX WISE) WHO VISITED PSYCHIATRIC OUTDOOR CLINIC TAIF IN YEAR 1981



AGE GROUP FOR INPATIENTS IN CONVALESCENT HOME YEAR 1401 H. (1981 M.)



**DISTRIBUTION OF PATIENTS ENROLLED IN THE
OCCUPATIONAL THERAPY ACTIVITIES OF THE
HOSPITAL IN 1401 H. (1981 M.)**

NUMBER OF PATIENT				
TYPE OF WORK	MALE	FEMALE	CHILDREN	TOTAL
Manual Works	10	20	-	30
Spining & Weaving	-	8	-	8
Sewing & Crochet	-	13	-	13
Carpentry	8	-	-	8
Agriculture & Gardening	-	-	-	-
Brick Manufacturing	-	-	-	-
Electric Work	6	-	-	6
Painting & Decoration	9	-	-	9
Carpet Making	-	-	-	-
Printing	-	-	-	-
Typewriting	-	-	-	-
TOTAL	33	41	-	74

The above mentioned list includes only those males and females allocated in occupational therapy in the different wards of the hospital, as in Convalescent Home. Convalescent cases joining the Rehabilitation Centre of Taif will be mentioned in a separate scheme.

**CONVALESCENT PATIENTS GRADUATED FROM OCCUPATIONAL CENTRE IN
TAIF (FROM 1397 - 1401 H.) ACCORDING TO PROFESSIONS
APPRENTICED FOR**

PROFESSION	1397 H.	1398 H.	1399 H.	1400 H.	1401 H.	TOTAL	(%)
Carpentry	4	-	-	-	-	4	6.7%
Agriculture & Gardening	9	10	5	4	7	35	58.3%
Wiremen	-	3	-	1	-	4	6.7%
Painting	-	6	-	1	1	8	13.3%
Knitting	-	2	-	-	-	2	3.3%
Typewriting	-	5	1	-	1	7	11.7%
TOTAL	13	26	6	6	9	60	100.0%

This shows that the highest percentage of rehabilitation is in agriculture & gardening, followed by painting then typewriting and then carpentry and electricity are equal, the last is tailoring

**COMPARATIVE STATISTICAL DATA OF THE AVERAGE DAILY ADMISSIONS
IN CONVALESCENT HOME (EDUCATION STATUS) IN 1400 - 1401 H.
(1980 - 1981 M.)**

CALENDAR YEAR	ILLITERATE	READ & WRITE	PRIMARY EDUCATION	INTERMEDIATE EDUCATION	SECONDARY EDUCATION	UNIVERSITY EDUCATION	TOTAL
1400 H.	35	28	6	4	2	-	75
1401 H.	30	11	16	3	2	-	63

**COMPARATIVE STATISTICAL DATA OF THE AVERAGE DAILY ADMISSIONS
IN CONVALESCENT HOME (OCCUPATIONAL STATUS) IN 1400 - 1401 H.
(1980 - 1981 M.)**

CALENDAR YEAR	LABOURER	FARMER	TECHNICIAN	SOLDIER	STUDENT	JOBLESS	TOTAL
1400 H.	16	35	5	6	2	11	75
1401 H.	12	22	4	2	5	12	63

**LIST OF PATIENTS ENROLLED IN REHABILITATION
AND
OCCUPATIONAL THERAPY DURING 1399 H. (1979 M.)**

PLACE	TYPE OF ACTIVITY	NUMBER	(%)
	Gardening	28	35.0%
	Electricity	10	12.5%
Convalescent Home :	Carpetmaking	10	12.5%
	Carpentry	10	12.5%
	Manual work & drawing	10	12.5%
	TOTAL	68	85.5%
	Agriculture	5	6.2%
	Typewriting	3	3.7%
Rehabilitation Centre :	Painting & Decoration	2	2.5%
	Sewing	1	1.3%
	Electricity	1	1.3%
	TOTAL	12	15.0%
THE SUM TOTAL		80	100.0%

**COMPARATIVE STATISTICAL LIST OF ADMISSIONS AND
DISCHARGES FROM CONVALESCENT HOME**

1400 - 1401 H. (1980 - 1981 M.

C A S E S	1400 H.	1401 H.
Admissions :	202	97
Discharges :	196	86

**COMPARATIVE STATISTICAL DISTRIBUTION LIST OF AVERAGE
DAILY ADMISSIONS IN CONVALESCENT HOME**

DURING THE YEAR 1400 - 1401 H.

(1980 - 1981 M.)

A G E G R O U P S					
CALENDAR YEAR	10 - 20	20 - 30	30 - 40	40 & ABOVE	TOTAL
1400 H.	2	35	29	9	75
1401 H.	5	36	16	6	63

**COMPARATIVE STATISTICAL LIST OF THE AVERAGE
DAILY**

**ADMISSIONS IN CONVALESCENT HOME(MARITAL
STATUS)DURING THE YEAR 1400 - 1401 H.**

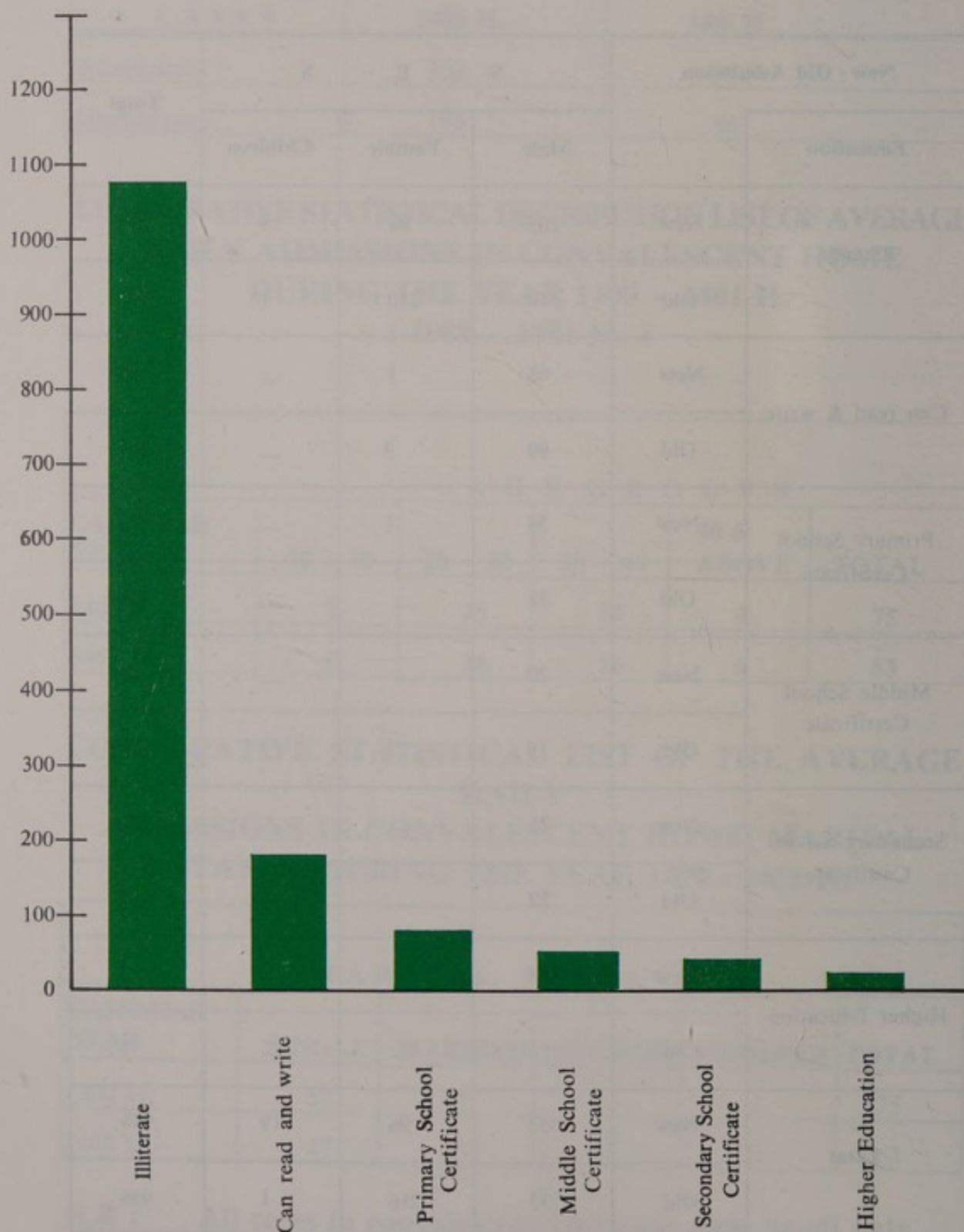
M A R I T A L S T A T U S					
CALENDAR YEAR	SINGLE	MARRIED	DIVORCED	WIDOWER	TOTAL
1400 H.	57	11	5	2	75
1401 H.	47	5	9	2	63

N.B : All cases in convalescent home are male Saudi only.

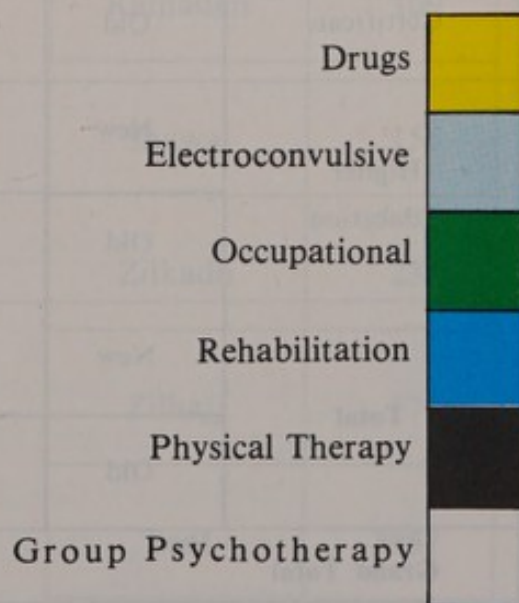
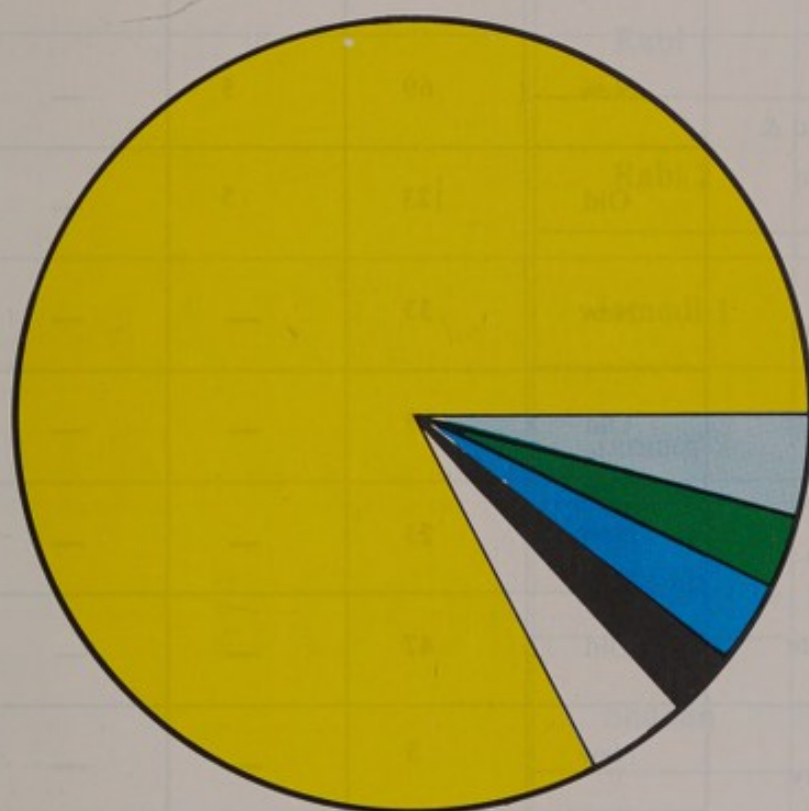
**CHART SHOWING NUMBER OF INDOOR CASES ACCORDING
TO THEIR EDUCATION IN YEAR 1401 H. (1981 M.)**

New / Old Admission		S E X			Total
Education		Male	Female	Children	
Illiterate	New	205	94	19	318
	Old	540	210	1	741
Can read & write	New	68	1	—	79
	Old	99	3	—	102
Primary School Certificate	New	34	1	—	35
	Old	51	—	—	51
Middle School Certificate	New	20	—	—	20
	Old	19	3	—	22
Secondary School Certificate	New	21	—	—	21
	Old	22	—	—	22
Higher Education	New	5	—	—	5
	Old	1	—	—	1
Total	New	353	96	19	468
	Old	733	216	1	939

**GRAPH SHOWING EDUCATIONAL STATUS OF INDOOR CASES
YEAR 1401 H. (1981 M.)**



TYPES OF TREATMENT USED FOR INPATIENTS IN 1401 H.



**TABLE OF INDOOR PATIENTS IN RESPECT OF SEX &
EDUCATION FOR MOHARRAM 1401 (1981)**

Sex		Male	Female	Children	Total
Education :					
Illiterate	New	166	44	3	213
	Old	529	263	15	807
Can Read & Write	New	69	5	—	74
	Old	123	5	—	128
Primary School Certificate	New	33	—	—	33
	Old	99	—	—	99
Middle School Certificate	New	23	—	—	23
	Old	47	—	—	47
Secondary School Certificate	New	5	—	—	5
	Old	10	3	—	13
Higher Education	New	3	—	—	3
	Old	—	—	—	—
Total	New	299	49	3	351
	Old	808	271	15	1094
Grand Total					1445

**CHART SHOWING NUMBER
OF PATIENTS DISCHARGED
MONTHLY FROM THE
HOSPITAL IN THE YEAR 1401
H. (1981 M.)**

Month	Total Patients
Moharram	163
Safar	174
Rabi 1	171
Rabi 2	166
Jamadi 1	163
Jamadi 2	139
Rajab	159
Shaban	154
Ramadan	109
Shawal	156
Zilkadh	232
Zilhajj	171
Toal	1957

**SCHEME SHOWING THE METHOD OF TREATMENT AND
TYPE OF PATIENTS ADMITTED IN 1401 H. (1981 M.)**

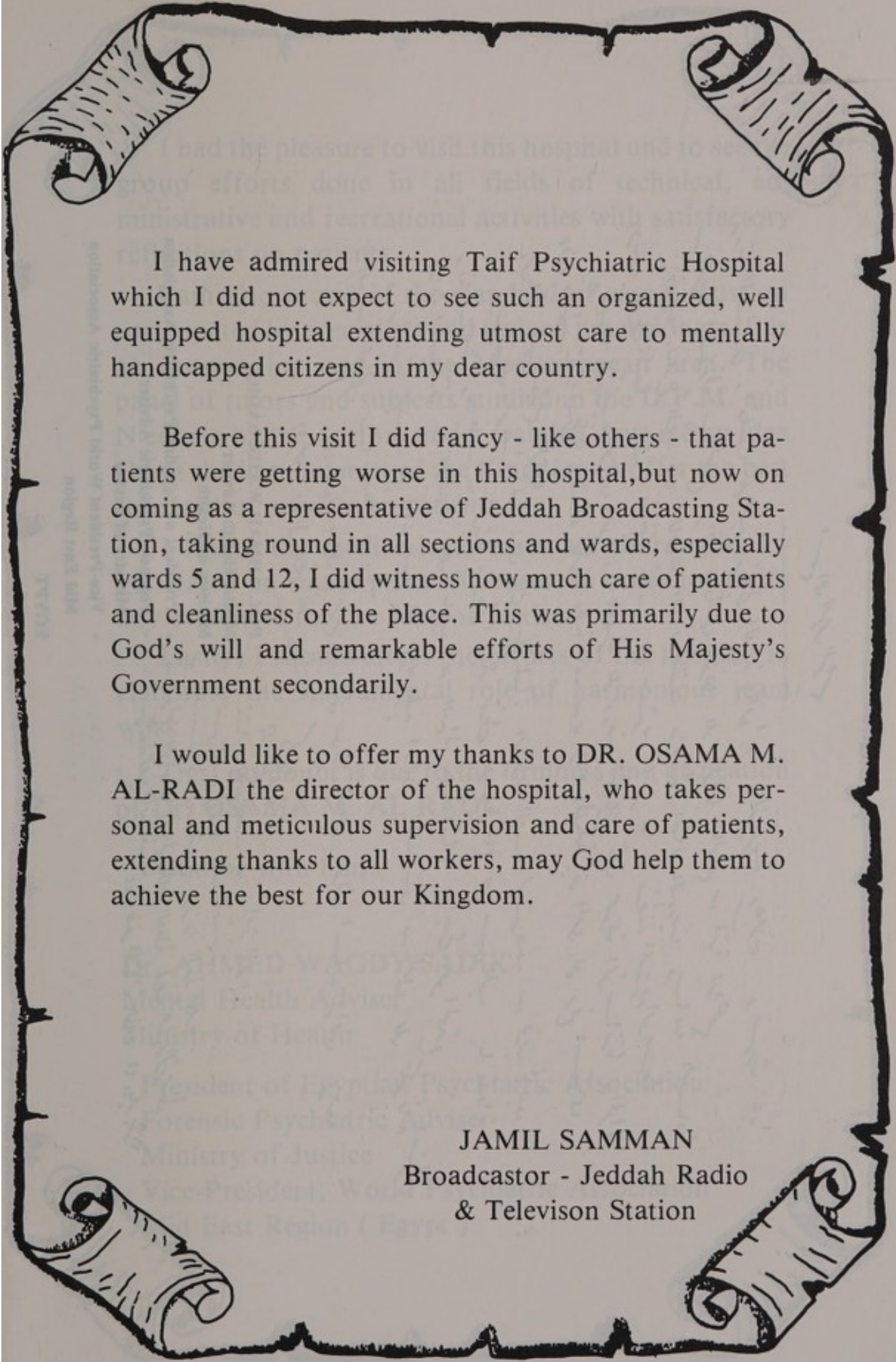
TYPE OF TREATMENT	TYPE OF PATIENTS		
	NEW	OLD	TOTAL
Drugs	439	939	1378
Electro Convulsive Therapy	25	41	66
Psychological Treatment	3	-	3
Occupational Therapy	17	92	109
Rehabilitation	-	22	22
Physiotherapy	3	47	50
Group Therapy	12	28	40
TOTAL	499	1179	1668

N.B. : Cases (under observation) and diagnosed as (sane) are not advised any treatment. This explains the lowered number of cases under drug therapy as a substantial treatment, compared to the average total number of inpatients.

**REMARKS FROM
THE VISITORS'
BOOK**

١٩٨٤ هـ
 بعد هاتين حاضرتين من مستشفى طرطوسه انفسه بالعالم في ولم اكمل التوقيع في بيدي الحبيب
 مستشفى لطرطوسه انفسه بهذا التنظيم .. وهذا هو مستعد .. وهذه الغنايه البالفه بافراط
 الشعب انتا بتهنم حاليت نفسيه عايشه .. وكنت اظن ونظيره غدي من المراضيه ..
 حبيبهم لم تنح لهم حفصه لزياره هذا المستشفى كم كنا نظنه بانه حبيبهم بهذه الحاله النفسيه ..
 عندنا في ان هذا المستشفى .. فانه يزداد سوءا .. وقد هوره صالته ليوا بعد يوم .. وكلام
 لما نحت في الحفصه لزياره هذا المستشفى منته بامه قبل المزايعه المعوديه بمجه للاستجيب مع
 حبيبهم وطرطوسه انفسه طرطوسه انفسه اقول لما نحت في هذه الحفصه تحت يوتره في جميع اروق
 بالمستشفى .. لما نحت لزياره الغنايه التي ليضرك المستشفى وخاصه عندني (٥) و (١٤) .. فها هكت
 حدي دغنايه دبا لغتة بالحرفي انفسيه وحفظه حستاهيه في جميع غنايه حستاهيه .. لهذا سجد
 حكمتي لغنايه بعد اكل الذي حنا هكت في لغنايه المستشفى .. ولا حله انه حفضل يرجع بعد الامر لطرطوسه
 صلاله للملاح فانه حفضل التي اولت هذا الحكمه وبذلت وصاري جهدها بالغنايه بهؤلاء المرضى
 وانتم سجدكم الى مريض مستشفى طرطوسه حبيبهم بطايف كليلوز اسماء محمد راضي .. حبيب
 حبيبهم والحريصين مع راحه حبيبهم .. والذي ليضرك بنفسه شويما على راحته كما تقدم بالشكر الى كل
 المستوليه والمخضيه بهذا المستشفى لما لطرطوسه غنايه .. وجهه تنظيم والرسيد خطانا جميعا الى ما سجد
 اليه مختلفا الحبيب انه سجد حبيبهم
 جميل سجداه حبيبهم بزايعه والتفصيليه بحبه

Mr. JAMEEL SAMMAN
Broadcaster
Jeddah T.V. Station
SAUDI ARABIA

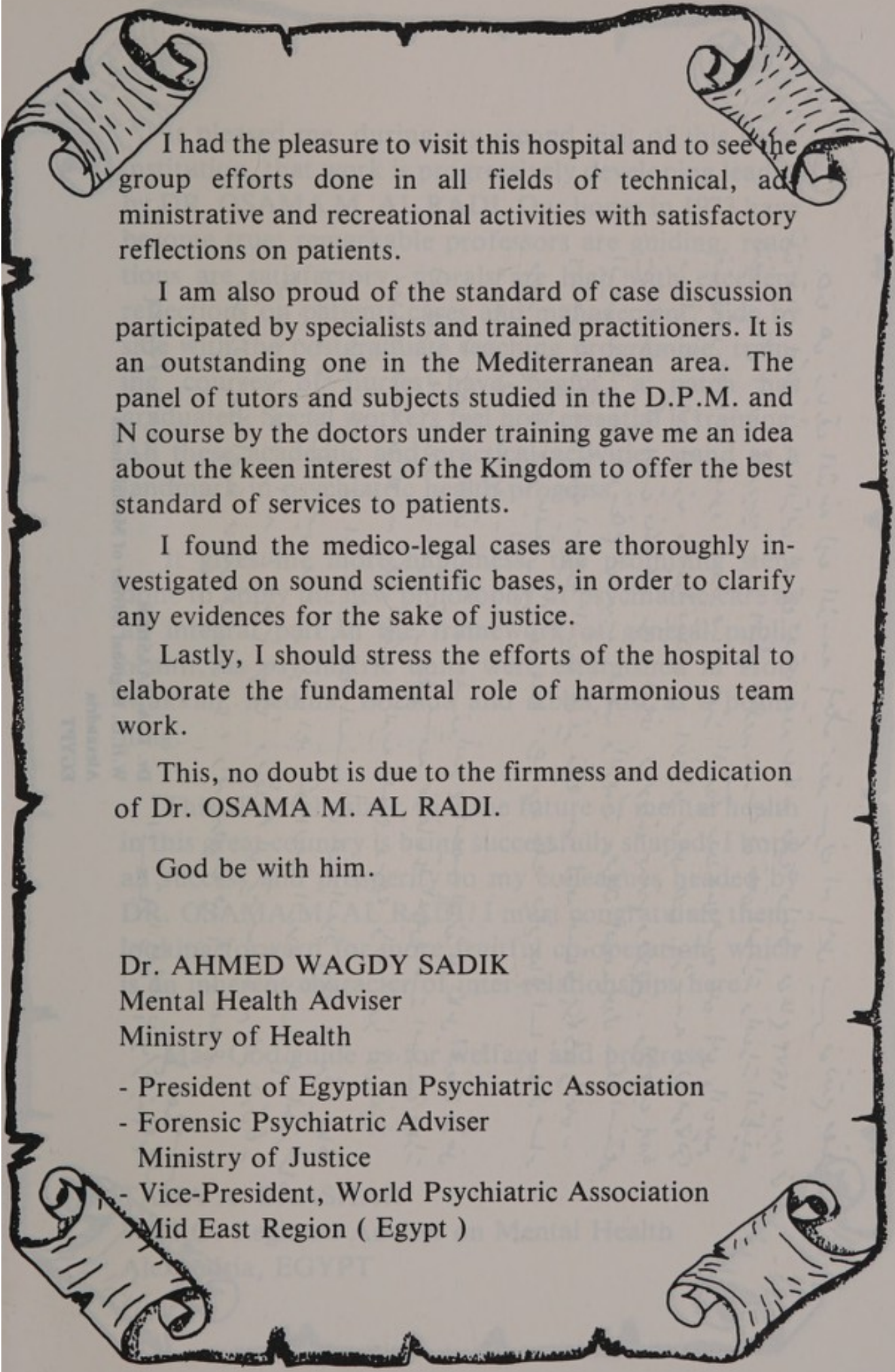


I have admired visiting Taif Psychiatric Hospital which I did not expect to see such an organized, well equipped hospital extending utmost care to mentally handicapped citizens in my dear country.

Before this visit I did fancy - like others - that patients were getting worse in this hospital, but now on coming as a representative of Jeddah Broadcasting Station, taking round in all sections and wards, especially wards 5 and 12, I did witness how much care of patients and cleanliness of the place. This was primarily due to God's will and remarkable efforts of His Majesty's Government secondarily.

I would like to offer my thanks to DR. OSAMA M. AL-RADI the director of the hospital, who takes personal and meticulous supervision and care of patients, extending thanks to all workers, may God help them to achieve the best for our Kingdom.

JAMIL SAMMAN
Broadcaster - Jeddah Radio
& Television Station



I had the pleasure to visit this hospital and to see the group efforts done in all fields of technical, administrative and recreational activities with satisfactory reflections on patients.

I am also proud of the standard of case discussion participated by specialists and trained practitioners. It is an outstanding one in the Mediterranean area. The panel of tutors and subjects studied in the D.P.M. and N course by the doctors under training gave me an idea about the keen interest of the Kingdom to offer the best standard of services to patients.

I found the medico-legal cases are thoroughly investigated on sound scientific bases, in order to clarify any evidences for the sake of justice.

Lastly, I should stress the efforts of the hospital to elaborate the fundamental role of harmonious team work.

This, no doubt is due to the firmness and dedication of Dr. OSAMA M. AL RADI.

God be with him.

Dr. AHMED WAGDY SADIK
Mental Health Adviser
Ministry of Health

- President of Egyptian Psychiatric Association
- Forensic Psychiatric Adviser
Ministry of Justice
- Vice-President, World Psychiatric Association
Mid East Region (Egypt)

هذه هي زياراتي الثانية لهذه المؤسسة العظيمة وقد سررت ان احمل يسير في تقدم مفكرتي تحت قيادة الدكتور أسامة الرافعي الرئيس، وقد تقدمت سالكة فكري وأملأ في عام ١٩٧٢ ونهر في تحقيق برنامج العودة التدريجية حيث انشغل مشروعه ودارسه في تلقى الفحريات والدراسات التطبيقية تحت اشراف اساتذة اجلاء . وقد صاحب هذا المشروع برودة فعل حميد على العمل والاداء وهو عند ارفعت روعتي الممتوية واصبحوا يقدون تلك الانجازات على عملهم كبروتهم تروا همولا كالتن ميترية من . كما انكثت فلكي على رعاية المرضى والمزمنة جديتهم وعلاجهم . والى جانب هذه اتيتمه لدراجه بدأ الانشغال في تدريب الممرضة والممرضات وعزجت الدعوة لارادى . كما انشغلوا انبا حور الالقائهم تهيئة استمرارية التدريب التي تمز فلكي من اوجه انشغالهم كادى والتمنى .

وبعدا بالطبع ستر جدير بالتقدير والدوقن عند زيارتي هذه فلكي يرفع مقام اساسيه في مسار عذرت الهم العفسيه -

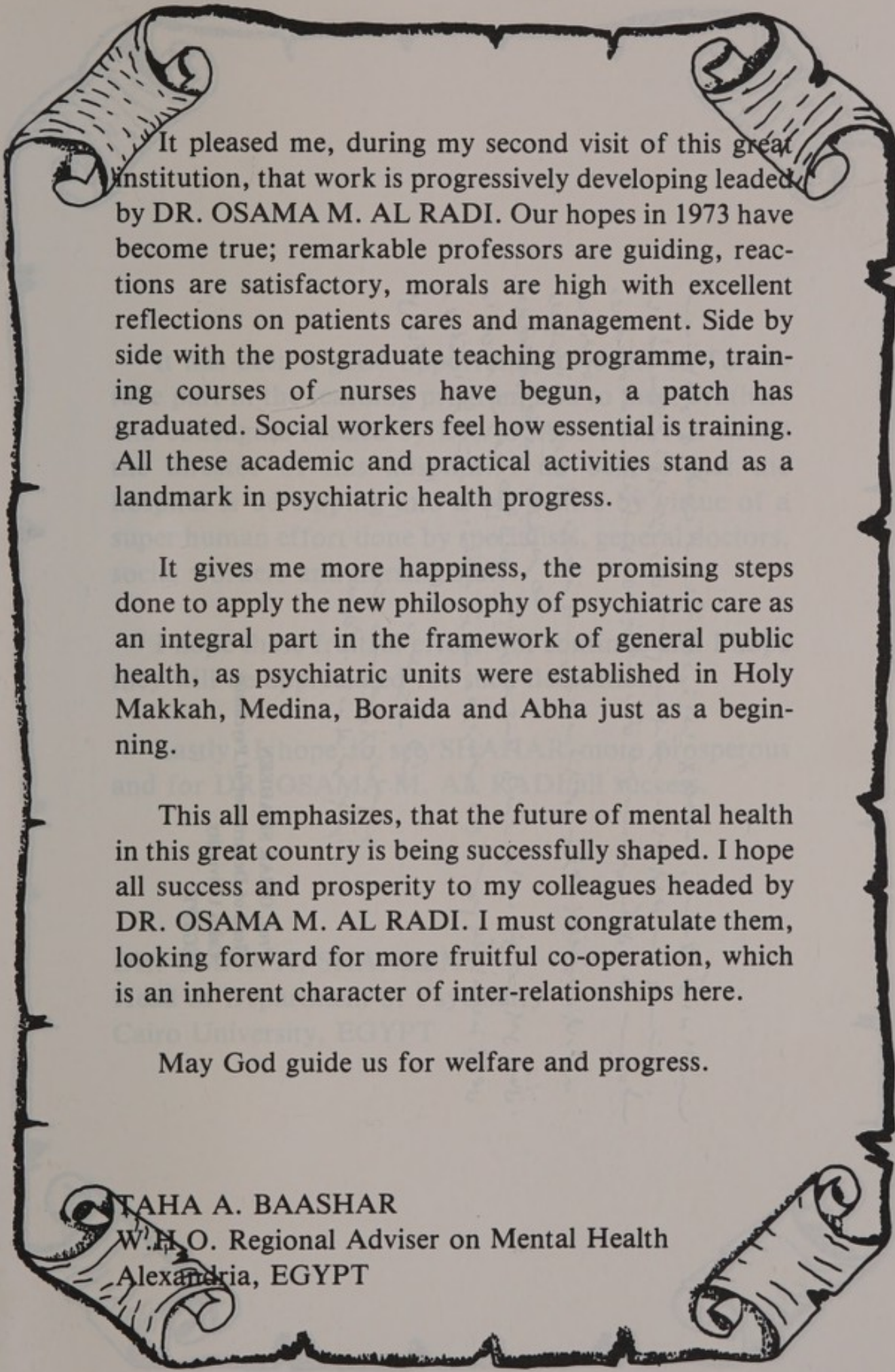
ربما يزيد من عقارتي ايضا انه ملطفه العلاج انضى لقائهم على تكامل الفحريات واخذت المظهر العفسي الدم قد اخذت كسر مجمل سبقه خروجا يابها المرجع حيث استنتت وعلاجه علاجه جريسي في كوكي منكم المكرة والمدينة المنور وسريره واهلها وهذا اول الفيت .

انه كل ذلك يدرك انه مستقبل الهم العفسيه في هذه البلاد العظيمة قد بدأت معالته المستقرة تدهن شكلها المميز والمستأز ، واننى اجد كوكي الاخوة المنزلاء ولدى اسم الدكتور اسامه كل تقدم وازدهر واشته على ايديهم ههنا ومقلدك الى ميرت من العقادهم الحقن انهم انهم كانه رلازاد سمة اصبدة في عذراتهم الهل حنا ، والله الموفق الى فيه الخير والصفاء .

استشار ارفعتهم بنفسي / ههنا لهم الله
على اعد العسر

١٩٧٦ / ٢ / ٢٩

Dr. T. A. BAASHER
W.H.O. Regional Adviser of Mental Health
Alexandria
EGYPT



It pleased me, during my second visit of this great institution, that work is progressively developing led by DR. OSAMA M. AL RADI. Our hopes in 1973 have become true; remarkable professors are guiding, reactions are satisfactory, morals are high with excellent reflections on patients cares and management. Side by side with the postgraduate teaching programme, training courses of nurses have begun, a batch has graduated. Social workers feel how essential is training. All these academic and practical activities stand as a landmark in psychiatric health progress.

It gives me more happiness, the promising steps done to apply the new philosophy of psychiatric care as an integral part in the framework of general public health, as psychiatric units were established in Holy Makkah, Medina, Boraida and Abha just as a beginning.

This all emphasizes, that the future of mental health in this great country is being successfully shaped. I hope all success and prosperity to my colleagues headed by DR. OSAMA M. AL RADI. I must congratulate them, looking forward for more fruitful co-operation, which is an inherent character of inter-relationships here.

May God guide us for welfare and progress.

TAHA A. BAASHAR
W.H.O. Regional Adviser on Mental Health
Alexandria, EGYPT

سمعت بالخصوص الى الطائف المتباركة في دورة اعداد اختصاصيه. واسعدني اكثر انه الرقيب
جماعة طيبة به البعثة والزملاء وعلى راسهم السيد البرنر. اساف المراضى مدير المستشفى
وفي اعتقاده انه سيشرف بنا في تطبيقه للظهور لكي نقيم مستشفى متدالا وعلى مستوى الجيد

ولقد قرئت هذه القصيدة في مجلس من مجالس
الشيخ محمد باقر الخليلي في شهر ربيع الثاني سنة ١٢٩٠

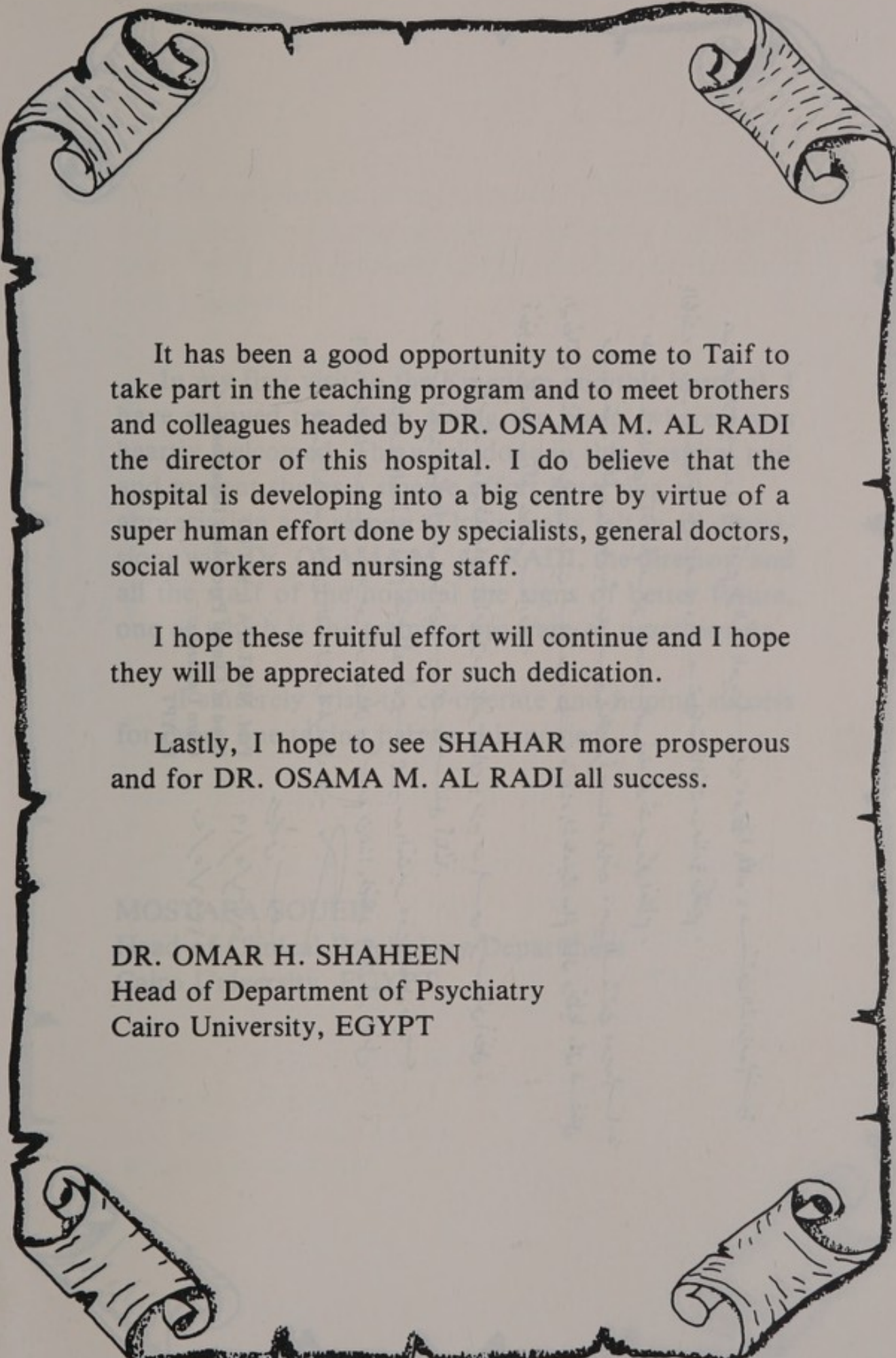
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۲۰۲۱

Q

الحمد لله الذي جعل في كل شيء
دروساً لمن يتفكر

Prof. OMAR SHAHEEN
Head of Department of Psychiatry
Cairo University
EGYPT



It has been a good opportunity to come to Taif to take part in the teaching program and to meet brothers and colleagues headed by DR. OSAMA M. AL RADI the director of this hospital. I do believe that the hospital is developing into a big centre by virtue of a super human effort done by specialists, general doctors, social workers and nursing staff.

I hope these fruitful effort will continue and I hope they will be appreciated for such dedication.

Lastly, I hope to see SHAHAR more prosperous and for DR. OSAMA M. AL RADI all success.

DR. OMAR H. SHAHEEN
Head of Department of Psychiatry
Cairo University, EGYPT

هذه هي الزيارة الدولية التي أقدم بها للمملكة العربية السعودية ، ولإثبات المكان : مستعفى الدرامه النفسية باللائحة . وقد سعدة متأثراً حدة ، وسعدة تأثراً حدة ، وسعدة تأثراً حدة ، وسعدة تأثراً حدة .

المستعفى بها من دماغه يتم من جهة أخرى يتم فعد لكل تقدير وكل اعتراف .
وقد استعفى إلى كبره الدماغيته من السج الكثر / أ - اسم المرض ، سير السمع ، ومنه السادة
اليضايشيه والدلابة وغيرهم من العالميه المستعفى ، ولست من هذه الدماغيته معالم أعمال وتطبيقات فعد للمستعفى
أفعل ، وكاد هذا أنه كثر مصادر سعاده .

أد برنامج تدريب الطلاب يتقدم أمام كرمنا ناصر المعاني : منبه من اسم فهو مستعفى أفعل ،
ومنبه من الضحية وبذلك البه من رضا من سبيل فسيه مستعفى أياثا .

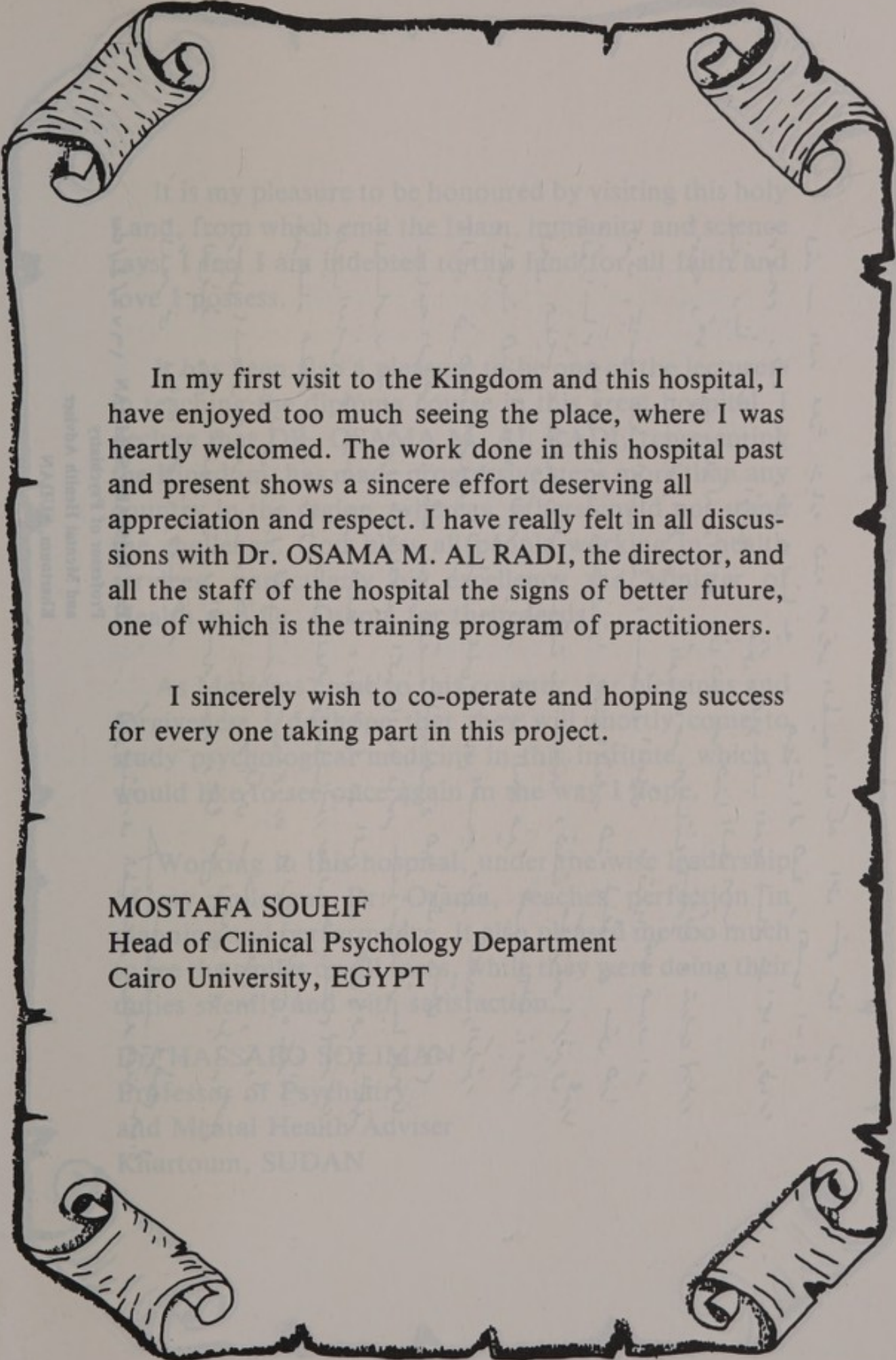
له يملح اليضايشيه أمام هذا والده أنه يشعر به منبه من الضحية ، ويريد من به ويريد
بالساعة من هذا السبيل ، ويريد من الضحية لكل من أسم من هذا الضمار بالكر أو بالفل .
وله نزال منبه أنه جفنا الله القدرة على بذل المزب

مستعفى سونيف

Prof. MUSTAFA I. SOUEIF
Head of Clinical Psychology Department
Cairo University
EGYPT

١٩٧٦/٥/١٩

١٣٩٦/٥/٢٠



In my first visit to the Kingdom and this hospital, I have enjoyed too much seeing the place, where I was heartily welcomed. The work done in this hospital past and present shows a sincere effort deserving all appreciation and respect. I have really felt in all discussions with Dr. OSAMA M. AL RADI, the director, and all the staff of the hospital the signs of better future, one of which is the training program of practitioners.

I sincerely wish to co-operate and hoping success for every one taking part in this project.

MOSTAFA SOUEIF

Head of Clinical Psychology Department
Cairo University, EGYPT

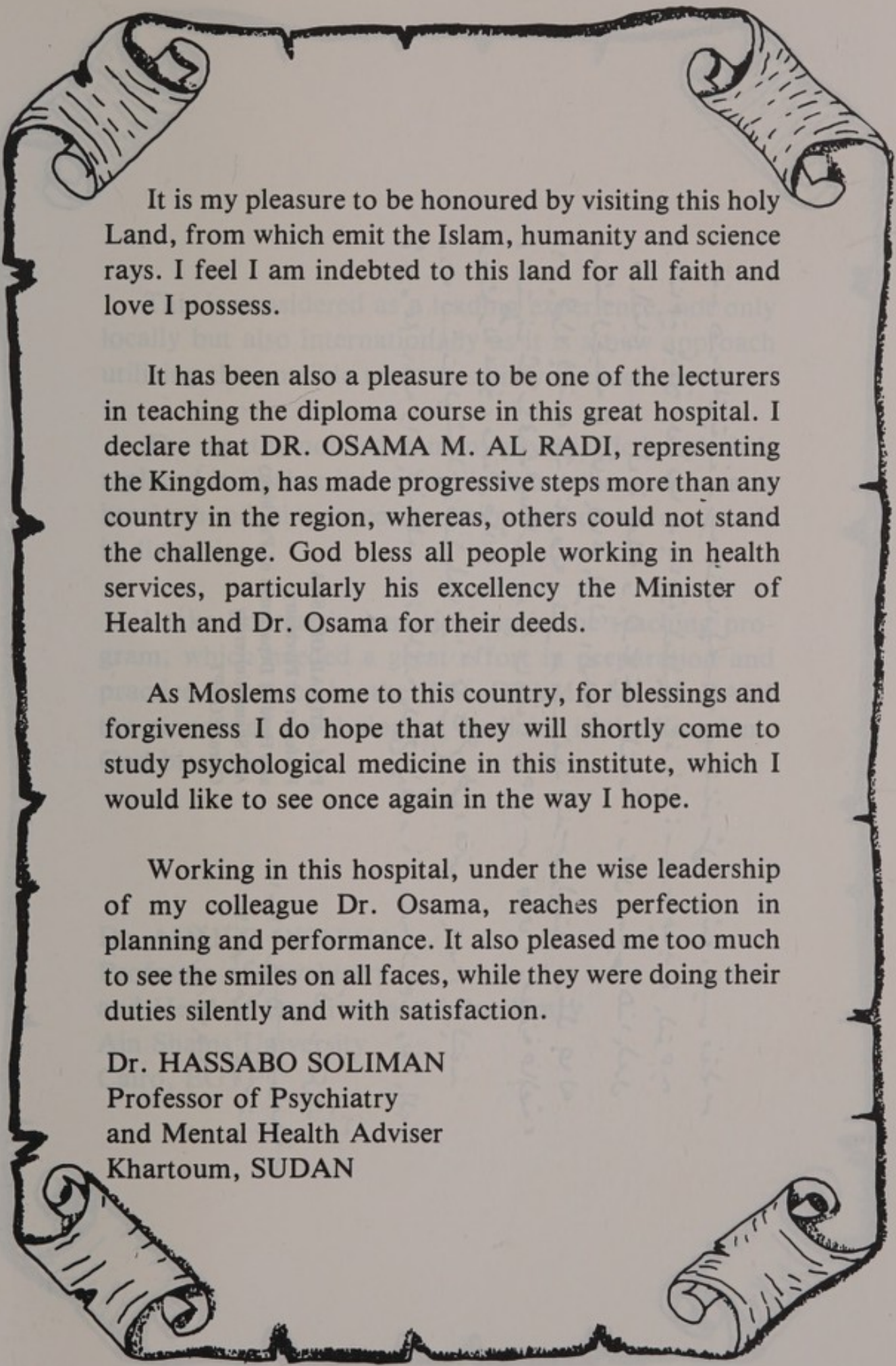
Dr. MOSTAFA SOUEIF
Professor of Psychology
and Mental Health Adviser
Khartoum, SUDAN

لقد ساهم الله عز وجل بجزائه هذه المؤسسة الطبية السانكة التي شتم منها بيز
الاسلام ولقد العلم ولقد الانسان . ههنا الى هنا ، احيى الله في
عنفه ديننا على انه اوفيه ، فكل ما يحيا قلب المؤمن لاسم الله تعالى ، ولقد
وصحبه وكما يظن لكونه داراه ، انما هو من هذا السبيل لا من
السدنى الظرفه الى الله احد من سائت لشيئته في تدريس لهدن

لقد ، كجاء من للطب النفسى بهذا المستفى العظمى ، واقدارها كله صدد . ام
الانوار اسم الزاخر ، والمحلله قد شيعتوا جميع اقطار هذه المنطقه في مشق هذا
العمل العظيم ، فالبيدار ، التي سبقت منذ سنيه ، وقفت مستوقفة لاسم الله عز وجل
واجهت لهذا السدى الكبير ، ولقد جرت الى غيرا جميع لاسم الله عز وجل
العلم في هذه المحلله العظمى ، وعلى رأسهم السيد وزير الصحه ، الدكتور
الاسامه الراضى ، اذ لم لم حقه السبقه في هذا المجال ، وعلى يد
المعلم هذه البدار ، طلبا للعلم ، والحق ، والدله ، فانه سبقت في قريبا طويلا
للطب النفسى في معمره بانه الله ، وكلم ليرى الى العود من اخرى زاهر الى المعمر
قد صار حقيقه ساره ، سبقتا من العلم ، وقبالتا لاسم الله عز وجل ، حبه لاسم الله عز وجل
اما ليعمل في هذا المستفى ، تحت الاراده الاسانيه لاسم الله عز وجل ، بقران
الزميل المتفاني من لاسم الله عز وجل ، فانه يبلغ ربه لاسم الله عز وجل ، والود
والثقل ، وكلم العظمى الى ادى البسره لاسم الله عز وجل ، وجو جميع لاسم الله عز وجل ، الذى يزداد راحه
الاسم في لاسم الله عز وجل ، وصحت ، ولعنت عجمه

كبير مستشارى الطب النفسى ومدرسه العفندى .
اسم الله عز وجل - لاسم الله عز وجل

Prof. HASSABO SOLIMAN ١٩٧٦/٤/٢٢
Professor of Psychiatry
and Mental Health Adviser
Khartoum, SUDAN



It is my pleasure to be honoured by visiting this holy Land, from which emit the Islam, humanity and science rays. I feel I am indebted to this land for all faith and love I possess.

It has been also a pleasure to be one of the lecturers in teaching the diploma course in this great hospital. I declare that DR. OSAMA M. AL RADI, representing the Kingdom, has made progressive steps more than any country in the region, whereas, others could not stand the challenge. God bless all people working in health services, particularly his excellency the Minister of Health and Dr. Osama for their deeds.

As Moslems come to this country, for blessings and forgiveness I do hope that they will shortly come to study psychological medicine in this institute, which I would like to see once again in the way I hope.

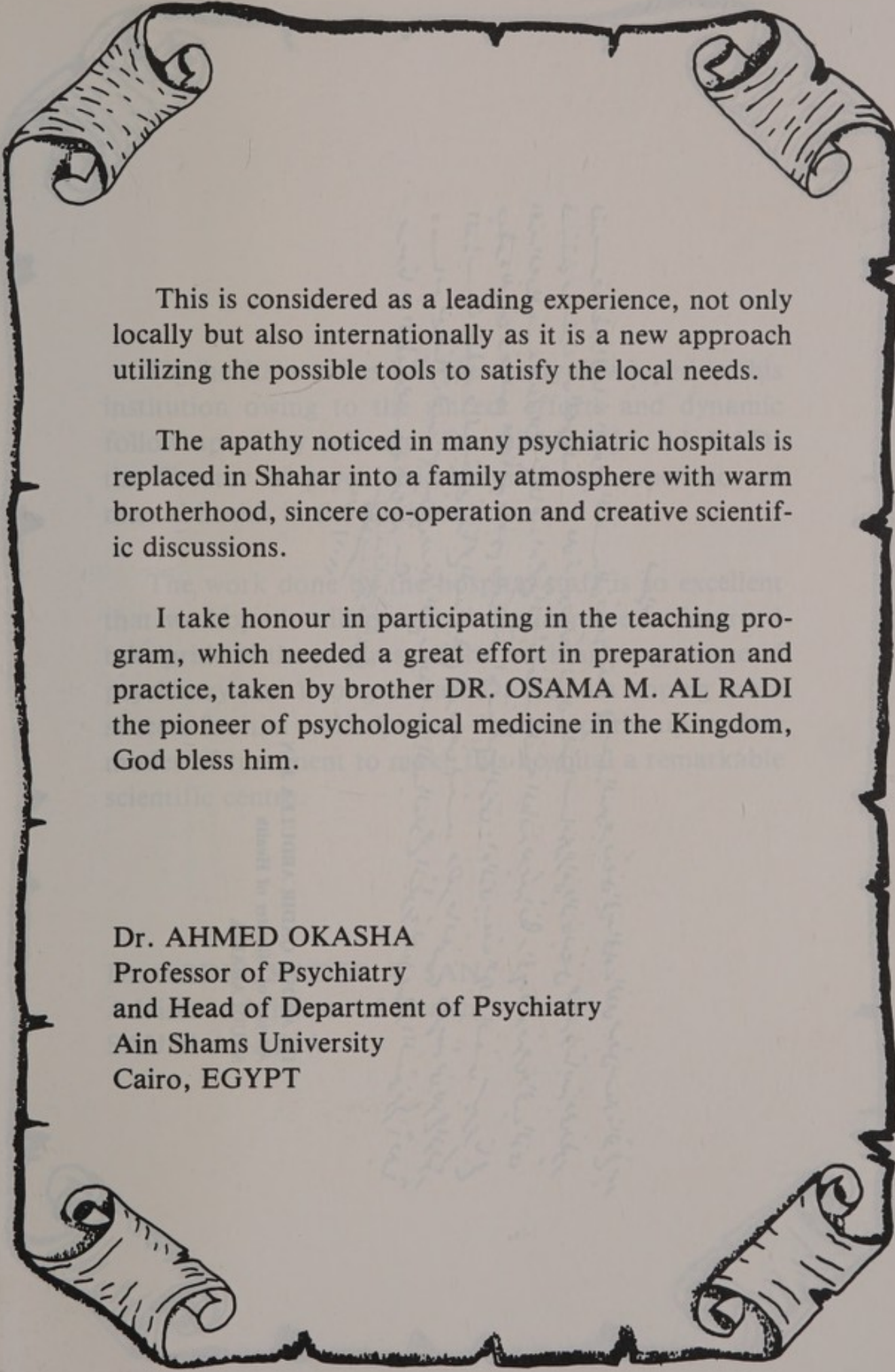
Working in this hospital, under the wise leadership of my colleague Dr. Osama, reaches perfection in planning and performance. It also pleased me too much to see the smiles on all faces, while they were doing their duties silently and with satisfaction.

Dr. HASSABO SOLIMAN
Professor of Psychiatry
and Mental Health Adviser
Khartoum, SUDAN

تعتبر هذه التجربة قد سبب للجهد النفسي، مستنفذاً، رائدة، ليس فقط من
 الناحية العلمية بل أيضاً من الناحية العالية، إذ أنه أسلوب جديد، للتوجيه
 والتعليم حسب الافة العلمية، والجذائات المتأخرة، بحيث تكون هذا العمل
 رائداً للتطبيق في أرواح العالم الثالث، المختلفة.
 إنه الجهد النفسي الذي ندرسه، أكثر من مستفيد، يستفيد من العمل
 المستنفذ، في ريادة في رفع عائلته، وروحه عائلته، وأجاسه، وروحه عائلته،
 ومشاركته العلمية، ومشاركته العلمية.
 ومنه نستنتج، يستنتج من هذا المذبح الذي يحتاج الجميع، إلى إعداد رليفتين
 أقدمه علم عائلته، رائدة، رائدة، في الملائكة، الذي يركن، في الملائكة، وفيه الله

Prof. AHMAD OKASHA
 Professor of Psychiatry
 and Head of Department of Psychiatry
 Ain Shams University
 Cairo, EGYPT

دكتور أحمد
 استاذ ورئيس قسم
 طب نفسية
 جامعة عين شمس
 ١٩٧٤/٤/١٤



This is considered as a leading experience, not only locally but also internationally as it is a new approach utilizing the possible tools to satisfy the local needs.

The apathy noticed in many psychiatric hospitals is replaced in Shahr into a family atmosphere with warm brotherhood, sincere co-operation and creative scientific discussions.

I take honour in participating in the teaching program, which needed a great effort in preparation and practice, taken by brother DR. OSAMA M. AL RADI the pioneer of psychological medicine in the Kingdom, God bless him.

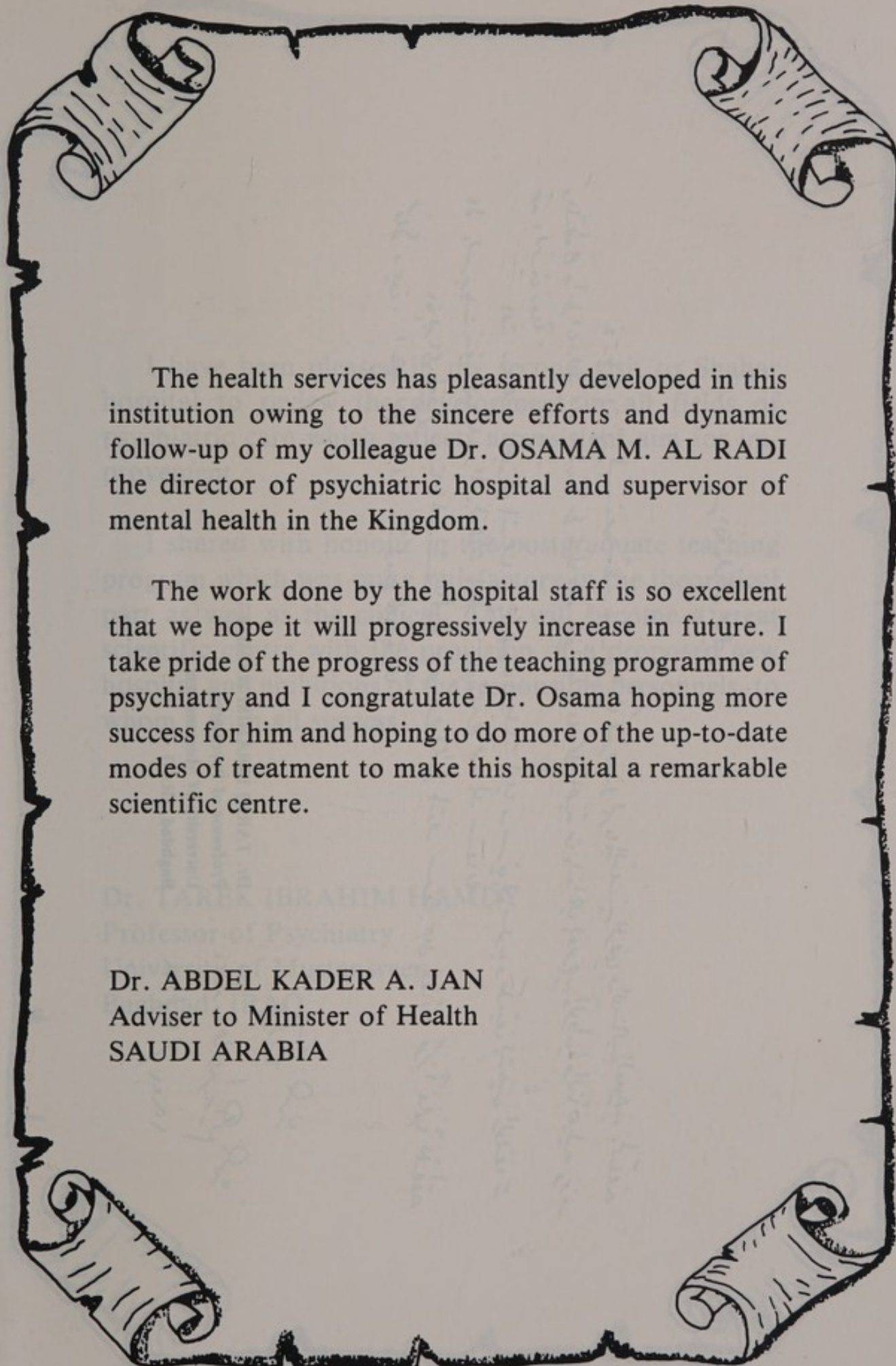
Dr. AHMED OKASHA
Professor of Psychiatry
and Head of Department of Psychiatry
Ain Shams University
Cairo, EGYPT

بسم الله

لقد سرف قطرة الحرام في الدوح الفسف التي تدرج هذه المرسد الدوح بصفى البراء والمجد منه قبل سعادة الوفا مبر
فستنه والمصرف على الصوة النفسية على فستوى المكمل الزميل للكررا اسم الزاخر والذى بعض حرصه وسأبنته على تطوير
الخدمة الصحية النفسية خذول المرام الا فيه ام جميع الرتبة النفسية والفنسة المعادنة مودكنا اننا ر الجهر والوضوح والحب الذى
يعطوه للمرضى وعرضهم على اوية واجهم وهو ما سنرى انه ينسأ لهم مع الزمن ١٠ ام الذى يبعث البوكة فى النفس كبرر نامج
الدراة النظرية والليبية في البرنامج المجمع ليدلهم الدواض النفسية وهو ما سنغفر به والتمس من لهرج الدوا
و ساسه مع ضمايف له بدوام التوسيد ورواى الله متابده اساليب العلاج المتطورة لجعل مبر هذه المستف من مركزا
مردودا من الخدمة والعسر واد التوسيد مع

د. عبد الله بن عبد الرحمن
مستشار وزير الصحة
١٤١٠ هـ / ٢٠٢٠ م

Dr. ABDUL QADIR ABDULLA JAN
Adviser of Minister of Health
SAUDI ARABIA



The health services has pleasantly developed in this institution owing to the sincere efforts and dynamic follow-up of my colleague Dr. OSAMA M. AL RADI the director of psychiatric hospital and supervisor of mental health in the Kingdom.

The work done by the hospital staff is so excellent that we hope it will progressively increase in future. I take pride of the progress of the teaching programme of psychiatry and I congratulate Dr. Osama hoping more success for him and hoping to do more of the up-to-date modes of treatment to make this hospital a remarkable scientific centre.

Dr. ABDEL KADER A. JAN
Adviser to Minister of Health
SAUDI ARABIA

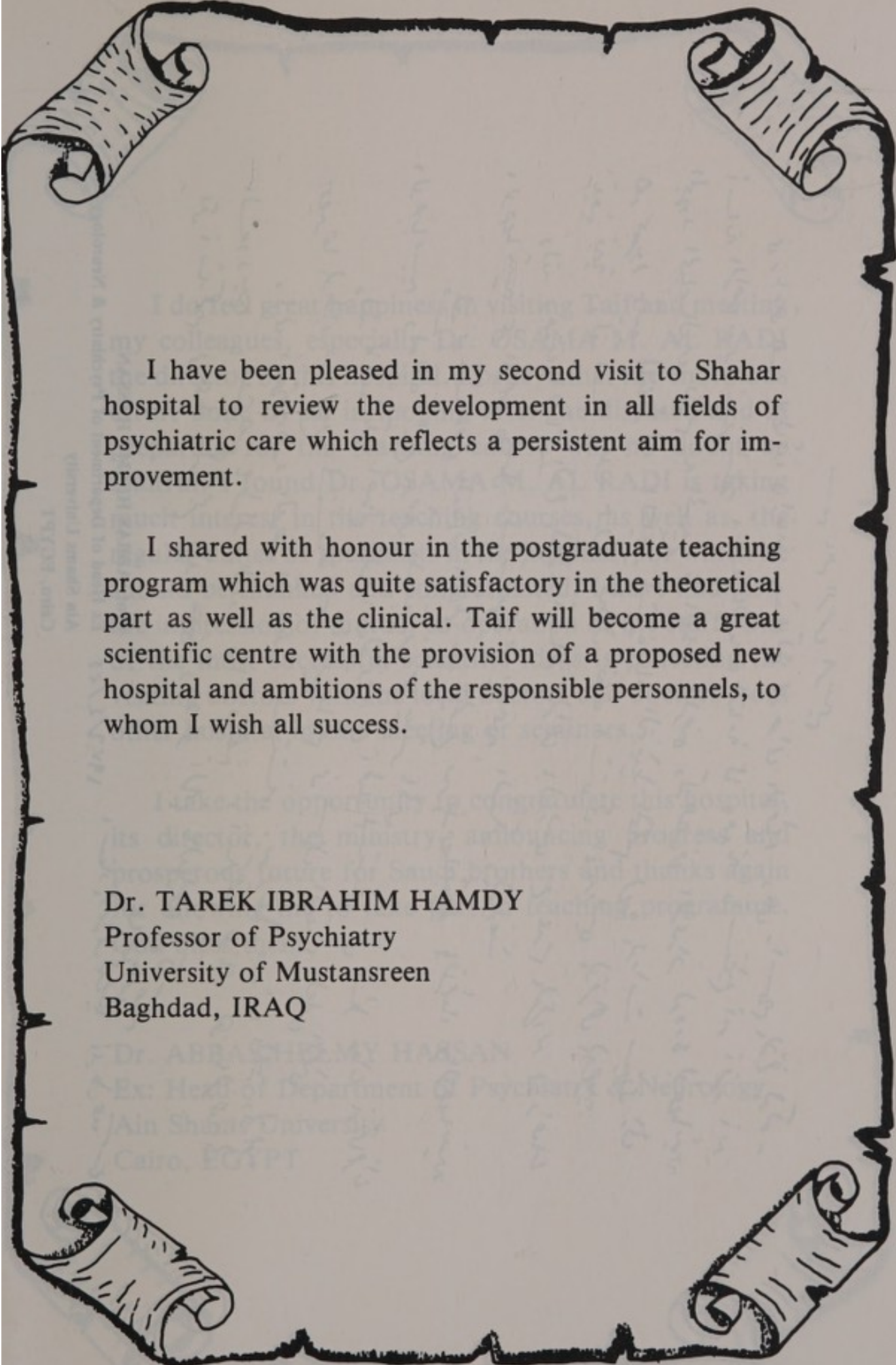
فترابن الشانج لتصرف سر - سرتي اياك منظر لمر بالوجه الفصيح للمعنى والاساليب العديدة المتكلمة
والمقطوع ما نظر ان دل على فتح الدراع على كل ناحية من النواحي الموجهة والارابه والتأصيلية وزعم
خود الحقين زوماً

لقد ساهت وفيز في التبرير بيننا به بالاطلاق اعلمنا وسرنا لدسلوب وتكليف لتبرير الالقاء
الى السرييات فيه بدلتا الى الملاءمة المخرجه وفي درس ممة لاستفاد.

انه بمرناج لمفتح من تار لتصرف الجبريد وتدرس للطلع المتوفى سوب بجعل للاناف كزاً عملاً للمفقه
كلما وجف. احمد للاقابن على شؤونه كل التوفيق.

Dr. TARIQ IBRAHIM HAMDY
Professor of Psychiatry
University of Mustansreen
Baghdad, IRAQ

10/11/10
10/11/10



I have been pleased in my second visit to Shahar hospital to review the development in all fields of psychiatric care which reflects a persistent aim for improvement.

I shared with honour in the postgraduate teaching program which was quite satisfactory in the theoretical part as well as the clinical. Taif will become a great scientific centre with the provision of a proposed new hospital and ambitions of the responsible personnels, to whom I wish all success.

Dr. TAREK IBRAHIM HAMDY
Professor of Psychiatry
University of Mustansreen
Baghdad, IRAQ

سنة العلم الرئيسى الرسمى

فى زيارتى هذه للجامعة ورائعته، وشاكرتة لخدمته العلمى والادبى، وعلى رأسهم الأفاضل
أساتذة الجامعة بدمشق الذين أشعروا بالعبادة التامة لآله وعبادته واستطاع أن يقر أن
المجهود الجبار الذى يقوم به الجميع فى العناية بالمرضى، وكذلك فى الإعداد لخدمة الأورام
هو مجهود علمى القليل له بالنسبة لمجهود غيره من التخصصات العلمى، وله البراءة سيورى
يقع فيه، ولقد لست ذلك عملياً فحول فقهه استثنائى فى تدريسه لأقره ليعلم

ولته وجهت اهتمام الأفاضل بالخدمة العلمى مع عدم التفرغ فى راحته
الأورام من المرض، ولعل بالمستشفى مما يفتقرونه الشكر، والتبرع
ولته لا فناء روح الدفء العالم به للجميع من نهضة علمية للأورام، والأورام
الأورام، ولقد لست جميع مرضى المستشفى مما يفتقرونه الشكر، والتبرع

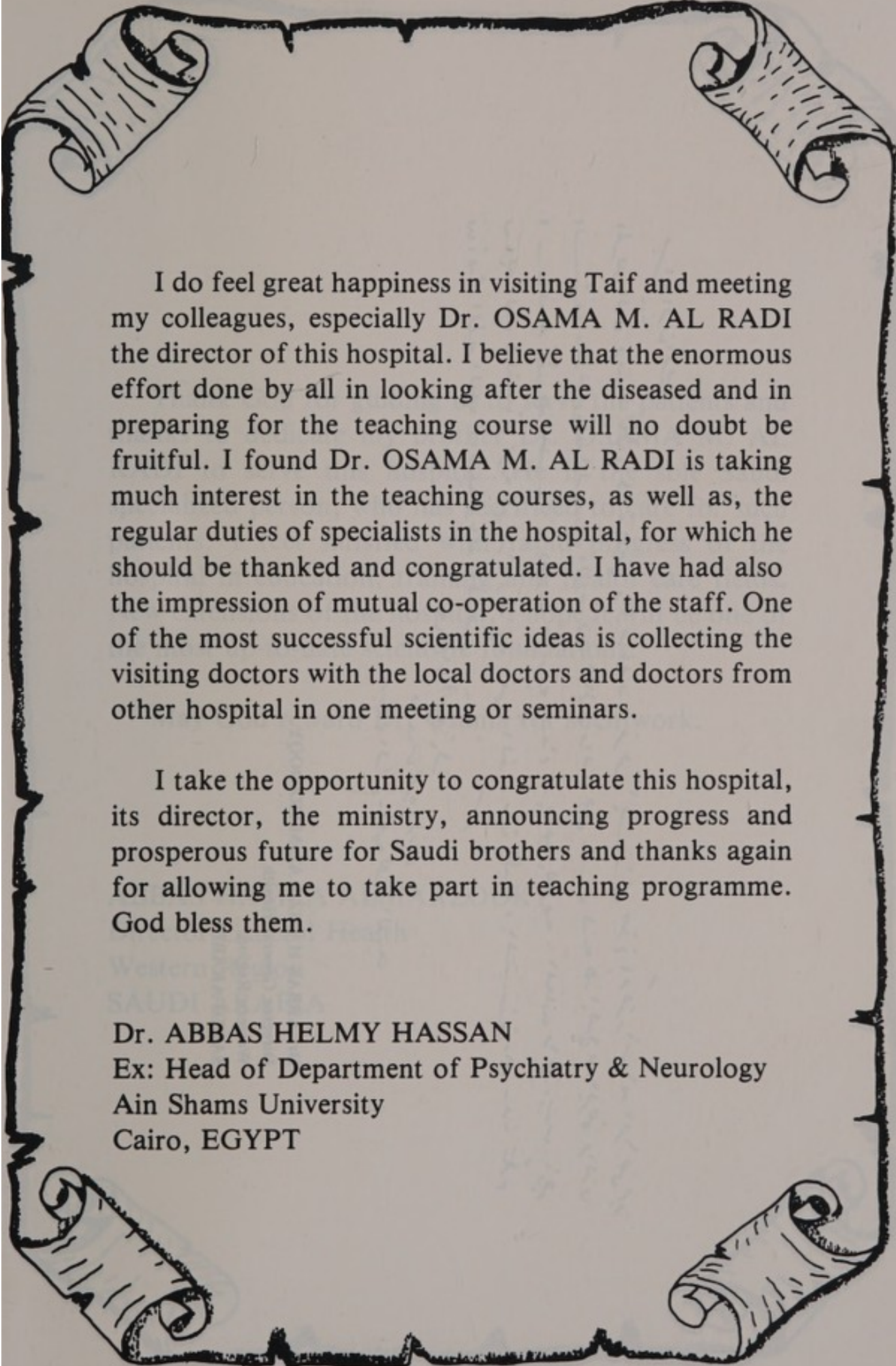
ولته لانت فقهه أصابع الأورام، إلا زينه مع أمله، لمستشفى على شغل ودراسه كالأورام
مفيدة للأورام، مع جميع المستشفيات مما يفتقرونه الشكر، والتبرع
وإنى أنتقد هذه الفرصة لذكر أسمى المستشفيات، وبرورها دوراً العلمى والأورام،
العلمى، وأشركهم بأطراف التقدم والرافعة، وأشركهم لأورامهم، والأورام فى
تكرار شكرهم فى هذا البرنامج، والأورام، وأشركهم لأورامهم، والأورام فى

وكتبت
عيسى على حسن

استاد للأورام، والأورام، والأورام فى

١٩٧٦/٤/٤٤

Prof. ABBAS HELMY HASSAN
Ex Head of Department of Psychiatry & Neurology
Ain Shams University
Cairo, EGYPT



I do feel great happiness in visiting Taif and meeting my colleagues, especially Dr. OSAMA M. AL RADI the director of this hospital. I believe that the enormous effort done by all in looking after the diseased and in preparing for the teaching course will no doubt be fruitful. I found Dr. OSAMA M. AL RADI is taking much interest in the teaching courses, as well as, the regular duties of specialists in the hospital, for which he should be thanked and congratulated. I have had also the impression of mutual co-operation of the staff. One of the most successful scientific ideas is collecting the visiting doctors with the local doctors and doctors from other hospital in one meeting or seminars.

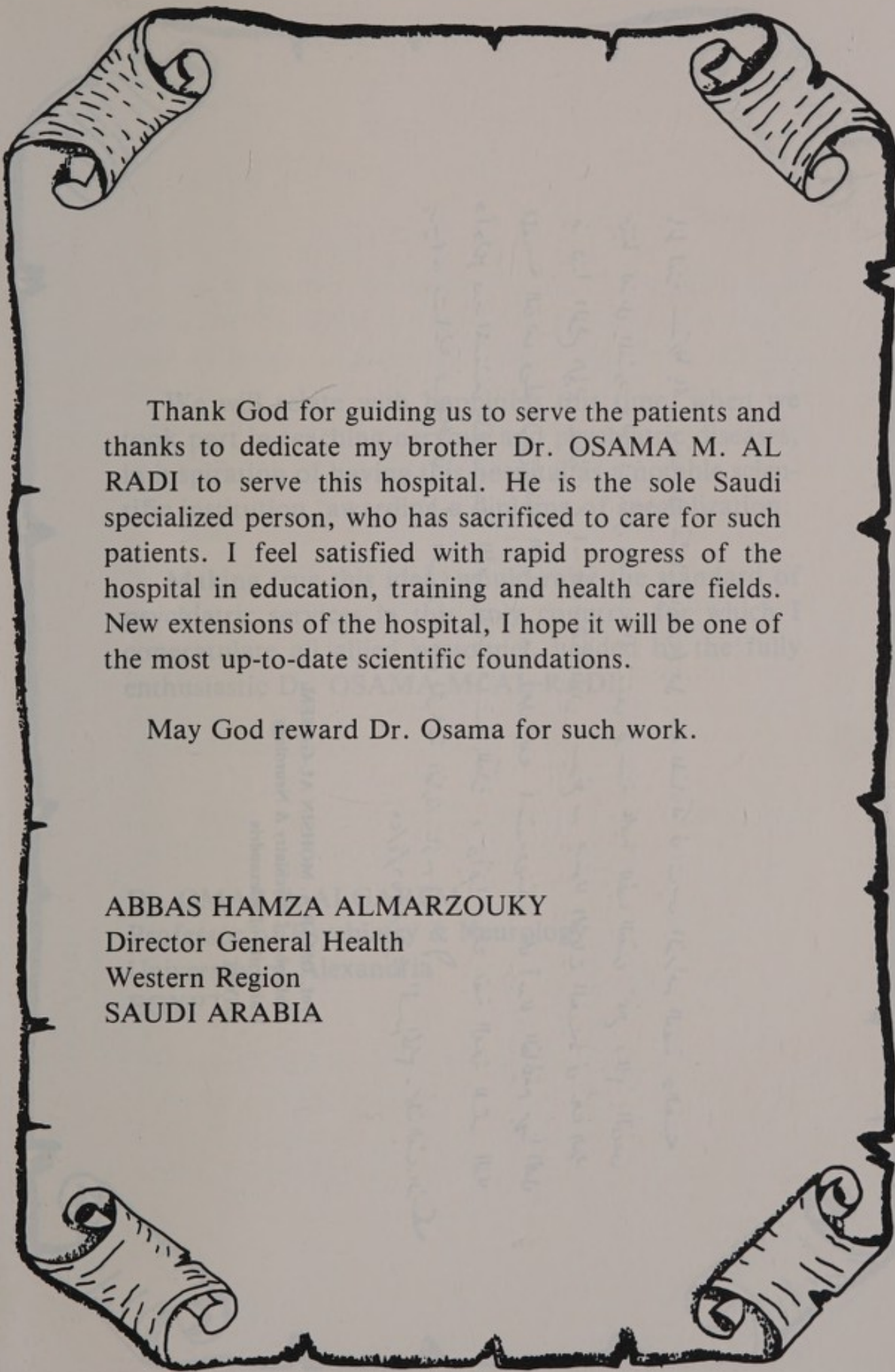
I take the opportunity to congratulate this hospital, its director, the ministry, announcing progress and prosperous future for Saudi brothers and thanks again for allowing me to take part in teaching programme. God bless them.

Dr. ABBAS HELMY HASSAN

Ex: Head of Department of Psychiatry & Neurology

Ain Shams University

Cairo, EGYPT



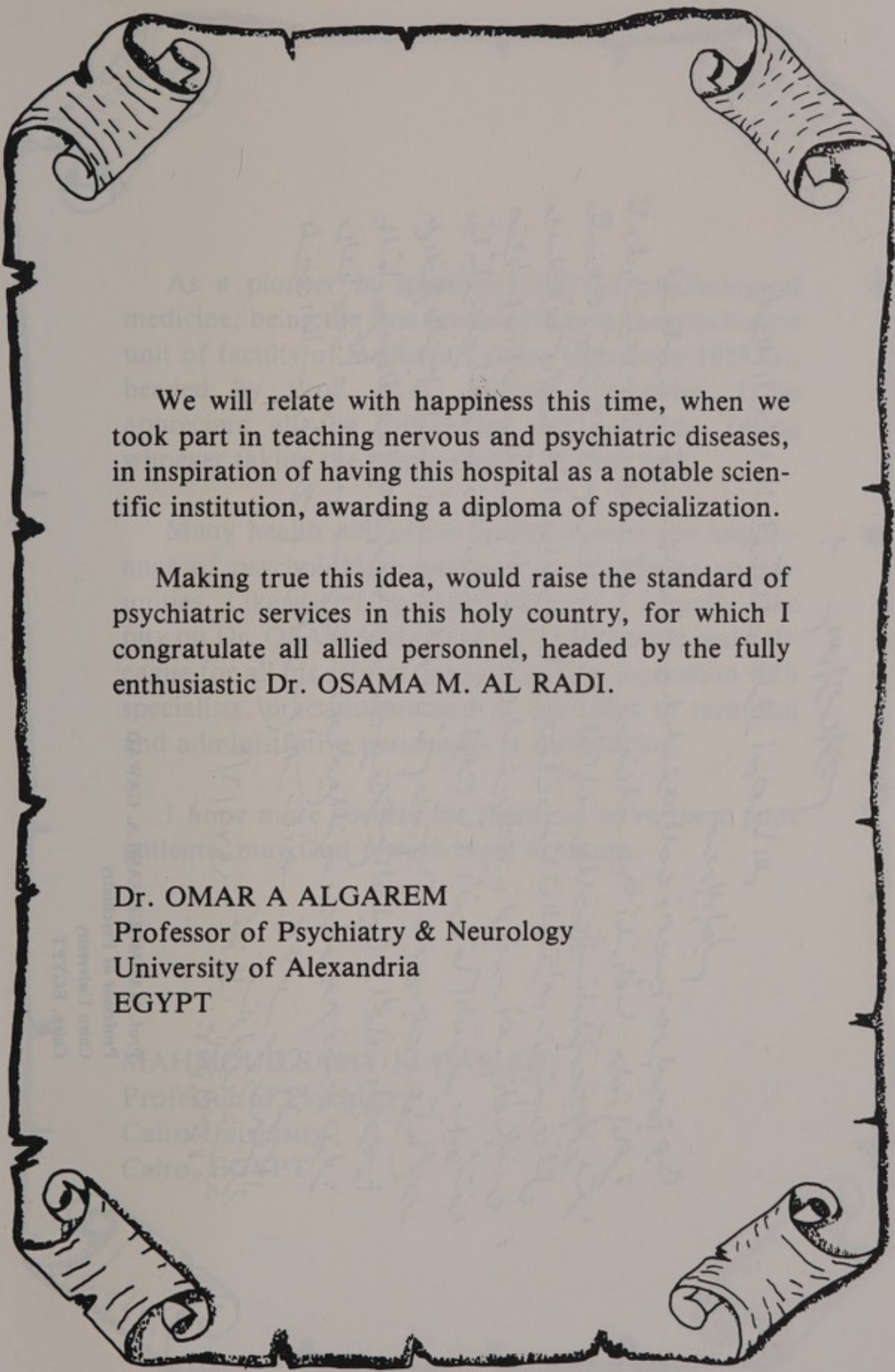
Thank God for guiding us to serve the patients and thanks to dedicate my brother Dr. OSAMA M. AL RADI to serve this hospital. He is the sole Saudi specialized person, who has sacrificed to care for such patients. I feel satisfied with rapid progress of the hospital in education, training and health care fields. New extensions of the hospital, I hope it will be one of the most up-to-date scientific foundations.

May God reward Dr. Osama for such work.

ABBAS HAMZA ALMARZOUKY
Director General Health
Western Region
SAUDI ARABIA

بالرفقة - شكري بالحق ، تف التي شكفنا (بالحق) فبلا حذر المنة ، كة في تدرسي الدرامم العبة والنقبة
 تحقيقا لمثل المنود وهو أنه - كحل به هذه المنشئ فوسنة علمية للعب النفس تنفع رطلم التفتس
 فو هذا النسخ الرلام به الوب ، به تحفبه هذه الكار - سبرف به بسفوا الخدامات الففبه في تف الدول
 المنسة التوهه وبك الرصب وفذل الرسالة ، به أهل زبب أشه - ههنا - به أبدك القاففبه بهنا العمل
 وأدلفف مدبر المنشئ الكفور أسالة الأهمى المنشئ صهامة للكار ، وأفرا أنزل بقبة الصوة للسكر الذي
 به - به بشارب سبفلفف فإباد السقمه ، بال الرارة الفارة بأفبه الله
 ١٩٧٦/٤/٢٥ ربحفب الحسب الحاففم - بطة الففب ، الزسكه

Prof. OMAR A. MOHSIN AL-GAREM
 Professor of Psychiatry & Neurology
 University of Alexandria
 EGYPT



We will relate with happiness this time, when we took part in teaching nervous and psychiatric diseases, in inspiration of having this hospital as a notable scientific institution, awarding a diploma of specialization.

Making true this idea, would raise the standard of psychiatric services in this holy country, for which I congratulate all allied personnel, headed by the fully enthusiastic Dr. OSAMA M. AL RADI.

Dr. OMAR A ALGAREM
Professor of Psychiatry & Neurology
University of Alexandria
EGYPT

بسم الله الرحمن الرحيم

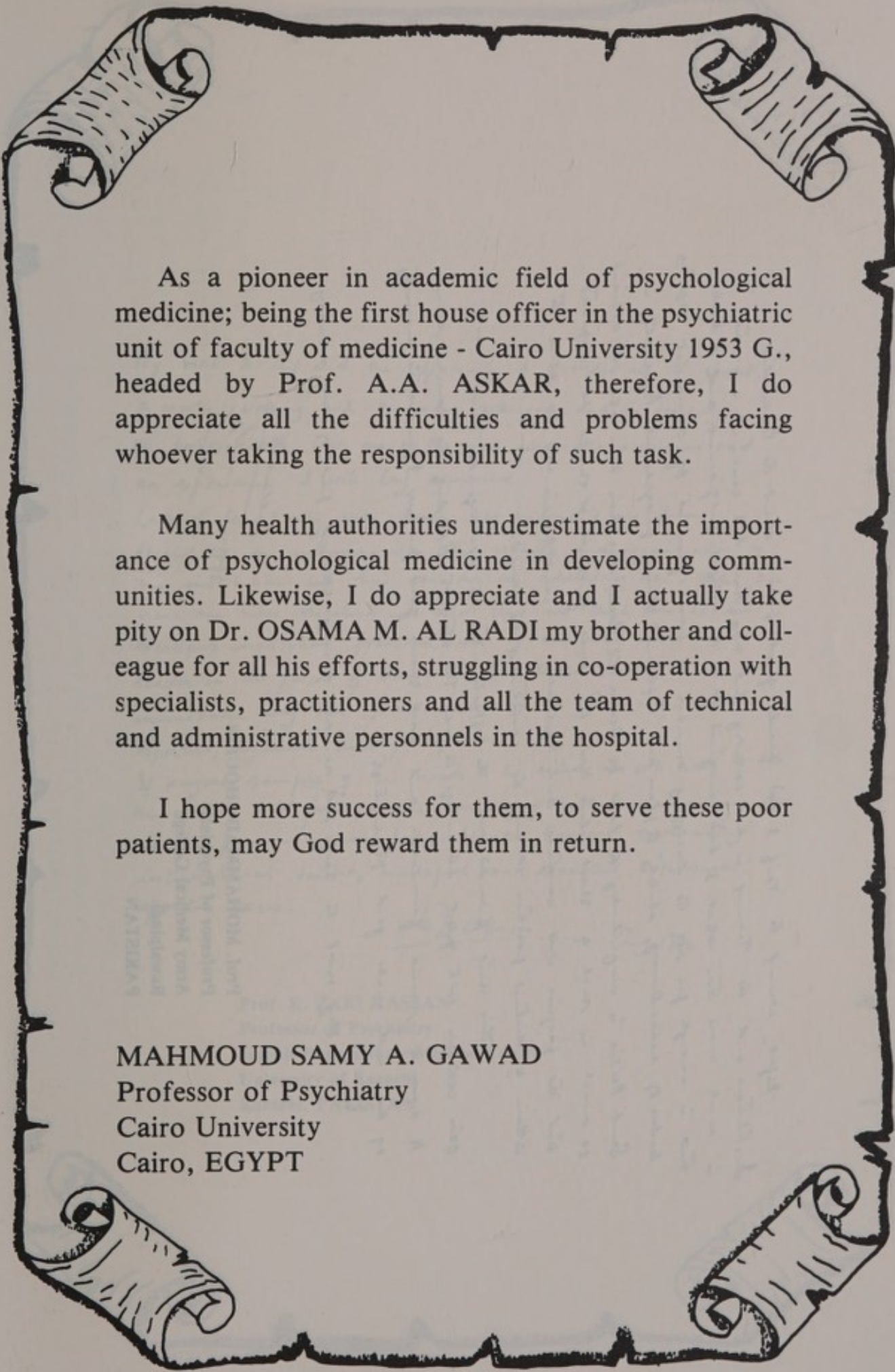
الحمد لله الذي هدانا لهذا وما كنا لنهتدي لولا أن هدانا الله
صحة له العافية

لقد عاصمت بدو محارباتي الطبية النفسية على المستوى الجامعي في جمعية مصر لعلمية حيث
كأني لي أستاذ في أول جيل من نفسية النفسانية كطالبة الطب - جامعة القاهرة
وطالما ذلك في بداية عام ١٩٥٢ م ، تحت إشراف دكتور الطب النفسي الجامعي الأستاذ الدكتور عبد العزيز عسكر ،
وادرست محاضرات الدكتور الأستاذ والمعالج والعقبات والعقبات التي تواجه من يتخصص في مثل
هذا العمل ، إذ أن الدكتور المسئولين عن المستشفيات النفسية لا يقدرون أهمية الطب النفسي
وأنما يهتمون بها كغيرها من التخصصات الخاصة ؛ لذلك نشأنا أقدر قدام القدر ، بل واستغفرو
علم الفخ والزميل الدكتور أستاذة الرضى لما قام ويقدم به من جهود جسيمة ، وأننا لم نمر
بالتعاديل مع الفضة الزهراء ، بل نحن نأمن والممارسين جميع العاملين في الجوانب العنصرية
والدارسين ، مستغفرو من كل . أرجو للجميع المزيد من التقدير في خدمة هؤلاء
المرضى القاسية في وقتنا ، والله لأبذل الجهد في أحسن عيني

١٩٧٦/٦/٨

كلية الطب - جامعة القاهرة
أستاذة النفسية

Prof. MAHMOUD SAMI A. GAWAD
Professor of Psychiatry
Cairo University
Cairo, EGYPT



As a pioneer in academic field of psychological medicine; being the first house officer in the psychiatric unit of faculty of medicine - Cairo University 1953 G., headed by Prof. A.A. ASKAR, therefore, I do appreciate all the difficulties and problems facing whoever taking the responsibility of such task.

Many health authorities underestimate the importance of psychological medicine in developing communities. Likewise, I do appreciate and I actually take pity on Dr. OSAMA M. AL RADI my brother and colleague for all his efforts, struggling in co-operation with specialists, practitioners and all the team of technical and administrative personnels in the hospital.

I hope more success for them, to serve these poor patients, may God reward them in return.

MAHMOUD SAMY A. GAWAD
Professor of Psychiatry
Cairo University
Cairo, EGYPT

Before coming to Taif I had heard great praise about the Psychiatric
Institutions and the Training in this country but my visit has convinced me that it
is much more than what I had imagined. It is a unique programme and I think
there is enough for all the developing countries to learn from it. Of course it requires
leaders of extraordinary ability to plan and implement such programmes. Psychiatry in
Saudi Arabia is very lucky to have Dr. Osama El Radi who has been able to achieve
so much in such a short time. Under his wise guidance it should be expected
that the progress will continue and Psychiatry in Saudi Arabia will be able to
attain a distinct position among the countries of the world.

This visit provided me the opportunity to exchange the views with
other colleges with great advantage to me. The students attending the course seem
to have a sound foundation and have shown good progress. I am sure majority
of them will make good psychiatrists.

My visit to Taif will remain a very pleasant part of my memory.

Prof. MOHAMMAD SHOUHEIB
Professor of Psychiatry
Army Medical College
Rawalpindi
PAKISTAN

Well-wishers
3/7/77

My visit to Taif and the opportunity it provided me to spend a month working with the many colleagues, and in teaching the postgraduates was one of the most memorable occasions and an experience I will long remember.

Lack of familiarity with Arabia has prevented me from developing an intimacy with the working and organisation of this institution, but this can be an advantage too. I hope the views are more objective — and they are that this is an excellent institution presided over by an able and warm leader in the person of Osama Al Raddi who combines in an inimitable way the graciousness of the East with modern expertise, dynamic and perceptiveness.

If anyone doubts of this needs to be cited it will have to be the wisdom and foresight in conceiving and then organising the unique programme in postgraduate training and using international talent, managed and executed with such effortless ease.

K. Zaki Hassan

Aug 1976

Prof. K. ZAKI HASSAN
Professor of Psychiatry
Jinnah Postgraduate Medical Centre
University of Karachi
Karachi, PAKISTAN

of course - this is my second visit to Taif.

I find noticeable change in the attitude and quality of work. The services have put in the training programme as a whole, has made considerable progress in the right direction. I was excited to

find useful addition of books on Psychiatry and allied subjects to the hospital library.

During this stay, I also visited the Rehabilitation and Vocational Training Centre at Taif. Both the centres are most impressive and pleasing.

I congratulated Dr. Osama, M. Kadi for his achievement.

In fact his drive, initiative, boldness and missionary zeal has brought fruit. May the Kingdom flourish and the Psychiatry Centre at Taif achieve a distinct and unique position in the Psychiatric World.

Prof. M. RASHID CHAUDHRY

Professor of Psychiatry

K.E. Medical College

Punjab University

Lahore, PAKISTAN

A.K. Chaudhry
M.D., F.R.C.Psych.
F.R.C.P.
Date: 15/12/77

The programme for the education of the doctors is proceeding satisfactorily, & there has obviously been a real advance in their knowledge of psychiatry. Education of the staff is a primary imperative for the efficient functioning of a hospital, & the way it is carried out presents us with evidence of increasing understanding of some very difficult problems. The programme is now entering its second year, & it will soon be possible to appraise the situation & if necessary, make adjustments, & alterations.

On the personal side I have been glad to take part in the teaching programme, & particularly to become acquainted, however superficially, with the problems facing psychiatry in the Kingdom, problems which affect staff & patients. They can be resolved with courage & determination, & I hope I shall eventually see a model service throughout the Kingdom. But in the short time I have been here I hope too that I may, in some way, be able to repay the kindness shown to me by all members of staff, & have been made to feel at home here.

26 January 1977

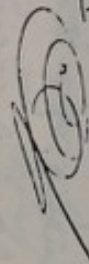
Prof. DENIS LEIGH
Professor of Psychiatry
Maudsley Hospital
London, ENGLAND

Denis Leigh MD FRCP
Secretary General United Psychiatric
Association

Telj 8-1-77

During my stay of four weeks here (Jan-Feb 77) I was impressed by the energetic approach to solve the immense problem of introducing and integrating allopathic psychiatry in this country. Being a foreigner I can only very superficially comment. As far as I heard the progress that has been made the last years is remarkable. Psychiatry in all parts of the world is undergoing fundamental changes. Clinical and biological approaches are now gradually combined with social-social psychological and other methods. As I understood Dr. Osamu Al-Radi is giving all his support to these aspects also and his vision of the road for a good Mental Health Act, a decentralized network of small mental health units spread all over the kingdom are good examples thereof. My lectures were just an attempt to tell something about recent developments in other countries, which need however to be judged by those who work in very different circumstances. Nevertheless I was very happy to find many common problems in these developments also, and I am very grateful for all the transnational information given to me by many colleagues. I hope it will be possible for me to return to this very stimulating surroundings so that I can give and get follow-up. Returning to my country is of course a great loss for me, but I wish to express my warmest feelings for the many good friends I met here. After my return in Holland I will start writing some publications about the wonderful work that is being done here, and I will send copies of these publications to you.

Thank you



Fr. Ree (Bennebroek: Holland)

Prof. VAN REE
 Professor of Psychiatry
 Psychiatric Hospital Vogelenzang Bennebroek
 HOLLAND

The long-term plans are far-sighted, and the support elicited from Saudi Government and other sources are impressive. The effective implementation of programmes and projects will have long-lasting impact on future development of mental health services of your country. I am privileged and honoured to take part in this exciting development, especially in the unique and excellent Postgraduate Psychiatric Training Programme. It is hoped that research and development of research manpower will become an integral part of your developmental programme soon, in order that valuable clinical information and socio-cultural experiences can benefit many colleagues around the world in the near future.

I would like to say again, what a pleasure it has been for both my wife and myself to be living and working in Taif. We both wish you and your family well, and the very best of success in whatever you do as a pioneer and leader of psychiatry. Please keep in touch with us, and come and see us in Vancouver!

Prof. TSUNG-YI LIN
Professor of Psychiatry
University of British Columbia
CANADA

林宗義

Tsung-yi and Gwei-chen Lin

Vancouver, B.C. Canada

October 6, 1977

Taif, 2nd January, 1978

from Dr. G. M. CARSTAIRS, F.R.C.Psych., Vice-Chancellor, University of York.

Before coming here, I had received glowing accounts of Dr Osama El-Radi's accomplishments, from Dr Taha Basbaw, from Professor T. Y. bin and from Dr Zaid's high. It was a privilege to see for myself the improvements and innovations which Dr Osama El-Radi has already introduced into a previously neglected field of medical practice. I appreciate that this is only the beginning: within a few years even greater improvements can be expected in the Psychiatric Hospital and in the psychiatric services throughout the Kingdom. I wish Dr Osama El-Radi continuing success in these endeavours, and not least in the Post-Graduate course which is of great benefit to younger colleagues entering psychiatry. On the personal side, the hospitality with which I have been received in Taif will long be remembered.

G. M. Carstairs

Prof. G. M. CARSTAIRS
Vice Chancellor
University of York
ENGLAND

have greatly enjoyed my visit to Fairport to participate in the teaching programme for the D.P.H. N., to see patients in consultation and to meet the staff of the hospital. I consider the excellent organization and I found the postgraduate studies very keen & enthusiastic to learn which made teaching a pleasure. I am impressed with the achievement already made in the mental health services of the County Council, what is planned for future services including psychiatric units in general hospitals and outpatient clinics throughout the county together with increased mental health care provision in the community. Dr. Brown and his team are doing outstanding work in dealing with training and teaching. I am sure that your first thoughts and in expanding that with your own thoughts for the future. Psychiatric services are doing well and have been successful and have been successful. I wish them every success and warm hospitality all for the future and warm hospitality. I wish to be during my visit.

Yours sincerely

Prof. W. LINFORD REES
Medical Director :
Charter Clinic
London, ENGLAND

26 Nov 1981

It has been a truly great visit. We shall
remember it always & only hope that we
have helped. Everyone should come to see us.

Henry H Work, MD
(H. Work)

Prof. HENRY H. WORK
Professor of Psychiatry
Maryland, U.S.A.

This is a visit that we have truly enjoyed. The staff, the students and everyone else who have made this trip so pleasant. I would like also to emphasize my appreciation for your consistency in increasing your psychiatric staff and in providing "quality" training. Something I think your responsibilities are overlooking particularly the medical legal aspects; the Committee is certainly doing a good job.

The very best to you and I hope you'll have a back.

Sincerely,
Charles B. Wilkinson, M.D.

Prof. CHARLES B. WILKINSON
Executive Director
Mental Health Foundation
Kansas City, U.S.A.

Exhibit C-10, D-24
Hans Meier & Company
Chicago, Illinois

22 Nov 1974

Dear Sirs: I am writing to you regarding the matter of the
purchase of the property located at 1234 North
Michigan Avenue, Chicago, Illinois. The property is
located in the heart of the city and is a very
desirable location. The property is a very
large building and is in excellent condition.
The building is a very large building and is in
excellent condition. The building is a very
large building and is in excellent condition.
The building is a very large building and is in
excellent condition. The building is a very
large building and is in excellent condition.

SYLLABUS OF THE DIPLOMA IN PSYCHOLOGICAL MEDICINE AND NEUROLOGY

FIRST PART

C O N T E N T S :

- A. NEUROPHYSIOLOGY
- B. NEUROANATOMY
- C. PSYCHOLOGY
- D. ISLAMIC CULTURE

S E C O N D P A R T

- A. PSYCHIATRY
- B. NEUROLOGY
- C. MEDICINE
- D. NEUROPHARMACOLOGY
- E. STATISTICS & PREVENTIVE MEDICINE
- F. ISLAMIC CULTURE

FIRST PART :

A : NEUROPHYSIOLOGY

Time : 60 Hours (Including practical demonstration).

I. Theoretical Part :

- Regulation of water and electrolyte balance.
- Regulation of H^+ concentration.
- Sensation.
- Thalamus.
- Cerebellum.
- Posture.
- Reflexes and reflex action.
- Basal ganglia.
- Spinal cord.
- Higher functions of the nervous system.
- Sense organs.
- Labyrinths and the vestibular apparatus.
- Electroencephalogram.
- Hypothalamus.
- Autonomic nervous system.
- Applied physiology of cardiac system.
- Applied physiology of respiratory system.

Biochemistry :

- Composition of the brain.
- Metabolism of brain constituents.
- Altered brain metabolism.
- May enzyme systems in nervous system.
- The biochemistry of seizures, schizophrenia and affective illnesses.

II. Practical Demonstration :

To be held at Physiology Department Medical College,
University of King Saudnow .

NEUROANATOMY

Time : 60 Hours (Lectures including practical demonstration).

Introduction :

- The neurone and neurone-theory.
- The spinal cord.
- The brain stem.
- Internal structure of brain stem.
- Internal structure of pons.
- The midbrain.
- The forebrain.
- Pituitary gland (Hypophysis cerebri).
- The cerebral hemispheres.
- Internal structure of cerebral hemispheres.
- The visual pathways.
- The olfactory system.
- The meninges.
- The blood supply of brain.
- The autonomic system.

C : PSYCHOLOGY

General Psychology : Time : 60 Hours

Clinical Psychology : Time : 90 Hours

1. Fields of modern psychology :
2. Basic psychological concepts :
 - Perception - attention.
 - Learning.
 - Remembering.
 - Thinking.
 - Motivation.
 - Emotions.

FIRST PART :

- Consciousness.
- Organization of behaviour.
- Personality.

3. Development Psychology :

1. Normal development :

- a. Basic infant responses :
Fear - Smiling - Crying.
- b. Aspects of development during the first 12 months.
- c. Perceptual - motor development (after 12 months) .
- d. Cognitive development :
Language - Learning - Thinking.
- e. Effective development : Play.
- f. Social development.

2. Family and culture influences.

3. Interaction of genetic and environmental influences.

4. Social Psychology :

- 1. Attitudes.
- 2. Small and large group processes.
- 3. Role and communication.

5. Individual differences and mental testing :

1. Intelligence :

a. Measurement of convergent thinking :

- Very global : P. Matrices.
- Less global : Wechsler - Bellevue.
- Detailed : P.M.A.
- Why do we measure intelligence?

2. Achievement :

a. Achievement tests : Their nature & uses.

3. Personality :

a. Self-report inventories.

FIRST PART:

- b. Interest inventories.
- c. Objective test of personality.
4. Scientific requirement in psychological tests :
 - a. Standardization
 - b. Norms
 - c. Reliability
 - d. Validity
 - e. Unidimensionality
6. Clinical Psychology :
 1. Definition : What is clinical psychology?
 2. The role of the clinical psychologist in the psychiatric team.
 3. Assessment :
 - a. Cognitive deficits.
 - b. Psychomotor retardation.
 4. Psychological treatment :
 - a. Behaviour therapy :
 - Desensitization
 - Shadowing
 - Negative practice
7. Historical perspective :
 1. Schools of psychology
 2. Islamic approach to psychology

SECOND PART :

A : PSYCHIATRY

Time : 600 Hours (Including clinical meetings, every student to present 10 long cases).

I. Theoretical Part :

- History of psychiatry with special reference to Islamic psychiatry.
- Scheme for case taking.
- Scheme for examination of organic cases.
- Aetiological aspects of psychiatric disorders.
- Classification of mental illnesses.
- The neurasthenic reaction.
- Anxiety reaction.
- Obsessive-compulsive syndromes.
- Phobic states.
- Hysteria :
 - a. Conversion reactions.
 - b. Dissociative reactions.
- Schizophrenias.
- Paranoid states.
- Affective disorders.
- Grief reaction.
- Borderline states.

Psychosis associated with organic brain syndromes :

- a. Presenile dementias.
- b. Senile psychosis.
- c. Psychosis with cerebral arteriosclerosis.
- d. Psychiatric conditions following head injury.
- e. Psychiatric manifestations of brain tumours.
- f. Encephalitis lethargica.
- g. Co-poisoning.
- h. Nutrition and metabolic disorders.
- i. Endocrine disorders.
- j. Neurosyphilis.

SECOND PART :

- Mental retardation.
- Psychiatric manifestations of epilepsy.
- Drug dependence.
- Sexual disorders.
- Psychophysiological disorders.
- Special clinical examples :
 - Peptic ulcer
 - Ulcerative colitis
 - Anorexia nervosa
 - Coronary heart disease
- Diseases culturally determined.
- Psychiatric disorders specific to females.
- Child psychiatry.
- Adolescent psychiatry.
- Geriatric psychiatry.
- Personality disorders.
- Psychiatric emergencies.
- Forensic psychiatry.
- Administrative psychiatry.
- Community and transcultural psychiatry.

Forensic Psychiatry :

A. Lectures 20 hours :

1. Mental competence.
2. Legal responsibility of mental patient.
3. Forensic psychiatry report.
4. Crimes committed by different types of mental patients
e.g., Schizophrenia, Depression, Mentally retarded,
etc.
5. Testimony and false testimony.
6. The psychiatrist and the law.
7. Mental health legislation in different countries.

B. Demonstrations for Forensic Psychiatry :

Assessment (10 lessons).

SECOND PART :

Treatment :

1. Dynamic approach.
2. Prognosis and factors affecting.
3. Physical methods.
4. Psychotherapy.
5. Behaviour therapy.
6. Social and environmental therapy.
7. Rehabilitation and occupational therapy.
8. Religion and its role in psychiatric therapy.

Mental Health and Preventive Psychiatry :

- Ecology of mental health.
- Prevention of mental disorders, primary, secondary and tertiary.

Statistics in Mental Health :

- Presentation of statistical data.
- Rates and ratios.
- Methods of computing.
- Statistics for measurements.
- Statistics for mental disorders.
- Current inventory of psychiatric services.
- Mechanism for the feed back of results.

II. Clinical training :

- Demonstrations of cases.
- Case presentation, meetings.

B : NEUROLOGY

Time : 165 Hours (Including case presentation & clinical meetings).

I. Theoretical Part :

A. General Basic Considerations in Neurology :

1. History, examination and diagnosis of neurological cases.
2. Disturbances of nervous functions.
3. Organization of the nervous system, motor system, afferent system (sensory & non-sensory system).
4. Vision, ocular movements and pupils.
5. Speech and articulation.
6. Excretory and sexual functions.
7. Investigations :
 - a. C.S.F.
 - b. Blood wasserman reaction.
 - c. Radiography, Skull, Spine.
 1. Plain Radiography.
 2. Contrast Radiography.
 3. Cerebral Angiography.
 4. Ventriculography.
 5. Encephalography.
 6. Echo-encephalography.
 7. Radio-isotope Brain Scanning.
 8. E.M.I. Scanning.
 9. E.E.G.
 10. E.M.G.
 8. Neuropathological Reactions.
 9. Disorders of cranial nerves.

B. Neurosyphilis :

- Meningovascular Cerebral. Spinal.
- Parenchymatous G.P.I.

Congenital Neurosyphilis :

C. Meningitis :

Acute leptomeningitis, Meningococcal, other types of pyogenic meningitis, tuberculous meningitis.

D. Encephalitis :

Virus encephalitis, classification, inclusion body encephalitis, encephalitis lethargica, rabies,

poliomyelitis, herpes zoster, acute disseminated encephalomyelitis, disseminated sclerosis, diffuse sclerosis, brain abscess.

E. Cerebro Vascular Diseases :

Blood circulation, syncope transient ischaemic attacks, atherosclerosis, cerebral thrombosis: embolism haemorrhage.

Subarachnoid haemorrhage, Pseudobulbar palsy intracranial aneurysm.

F. Intracranial Tumours :

Classification, group of manifestations, (general, local & false localizing). Tumours in different regions, their psychiatric manifestations, investigations, diagnosis, treatment.

G. Epilepsy :

Classification, Etiology, different clinical types, clinical picture, treatment, EEG, Narcolepsy & allied disorders.

H. Extrapyrarnidal Syndromes :

Parkinsonism, Chorea (Rheumatic, Huntington's) Myoclonus, Torsion Spasm, Torticollis, Tremors.

I. Hydrocephalus :

Headache, migraine, paraplegia, its causes, scheme for diagnosis and management, spina bifida, syringomyelia and syringobulbia, hemiplegia.

J. Disorders of Spinal Cord :

General considerations, manifestations of a spinal lesion, level of lesions, cord compression, myelitis, disc protrusion and spondylosis sciatica, cauda equina, lesions of important peripheral nerves in upper and lower limbs, polyneuritis with its different clinical varieties

carpaltunnel syndrome.

K. Degenerative Diseases & Hereditary Ataxias :

Motor neuron disease, peroneal muscular atrophy, subacute combined degeneration of cord, deficiency of B¹, B⁶, pellagra, co-poisoning, metabolic and endocrinal disorders, congenital diplegia, head injury and its different clinical manifestations, dementia, delerium.

L. Nutritional Disorders :

M. Congenital Malformations :

N. Head Injuries :

O. Muscular and Neuromuscular Diseases :

Myopathies, different types and clinical pictures, polymyositis, myotonias, myasthenia gravis.

P. Miscellaneous :

Sleep disturbances, coma, headache, ataxia.

II. Neurological Cases Discussed In Clinical Meetings :

D.P.M. CURRICULUM IN MEDICINE

Lectures : Ward Clinical Meeting. 150 Hours

A. Therapeutics :

1. Over dose and accidental poisoning.
2. Drug interaction with psychotropic drugs.
3. Tutorial and discussion.

B. Systemic Diseases :

1. Endocrine diseases :
 - a. Thyroid disorders :
 - i. Hyperthyroidism.
 - ii. Hypothyroidism.
 - b. Diabetes mellitus :
 - c. Adrenal disorders :
 - i. Cushing's syndrome.
 - ii. Addison's disease.
 - iii. Pheochromocytoma.
2. Renal diseases :
 - a. Acute renal failure.
 - b. Chronic renal failure.
 - c. Disturbances of electrolytes and water metabolism.
3. Liver diseases :
 - a. Jaundice.
 - b. Liver cirrhosis and complications.
4. Gastrointestinal diseases :
 - a. Peptic ulcer.
 - b. Ulcerative colitis, crohn's disease and irritable bowel syndrome.
5. Cardiovascular system :
 - a. Hypertension.
 - b. Rheumatic heart disease.

- c. Ischaemic heart disease.
- d. Congestive cardiac failure & its management.

6. Haematology :

- a. Anemias and abnormalities of peripheral blood elements.
- b. Leukemias.
- c. Lymphomas.

7. Chest diseases :

- a. Pneumonias.
- b. Pulmonary tuberculosis.
- c. Obstructive airway diseases with more emphasis on bronchial asthma.

8. Endemic diseases :

- a. Bilharzia.
- b. Amoebiasis.
- c. Malaria.
- d. Enteric fever.

NEURO-PHARMACOLOGY

Lectures Schedule for D.P.M. : 15 Hours.

T O P I C

- Narcotic Analgesics.
- Antiepileptics.
- Chemotherapy-general considerations.
- Antiparkinsonian agents.
- Sedatives & Hypnotics.
- C. N. S. Stimulants.
- Skeletal muscle relaxants.
- Iatrogenesis.
- Drug interactions.
- Anti-psychotic drugs.
- Anti-anxiety drugs.
- Anti-depressants.
- Drug abuse / dependence.

STATISTICS AND PREVENTIVE MEDICINE

Lectures for D.P.M. Course : 30 Hours.

Epidemiology Principles and Methods :

- Descriptive epidemiology of mental disorders.
- Analytical epidemiology of mental disorders.
- Experimental epidemiology.

Ecology of Mental Disorders :

- Mental health.
- Preventive mental health services.
- Mental subnormality.
- Rehabilitation in psychiatric care.

Statistics (Medical Statistics) :

- Sampling.
- Presentation of data.
- Errors of sampling.
- Tests of significance.
- Two averages.
- Two means.
- X square, chi. square.
- T test.
- Co-efficient correlation.
- Regression co-efficient.
- Vital statistics.
- Hospital statistics.

ISLAMIC CULTURE (ADDITIONAL COMPULSORY SUBJECT IN THE COURSE OF D.P.M.) :

From the Islamic stand and considering our national responsibility we must take guidance from Islamic culture before going forward in a scientific movement. We have not to follow blindly the modern western culture and the speculation propositions, hypothesis or theories offered by it specially in the field of human sciences and particularly the contemporary theories of psychology and psychotherapy. Islam explains us about the topics which are not available for scientific experiments and are beyond human observations. All muslim psychiatrists should have complete knowledge about their religion and islamic culture. For this purpose an additional subject, Islamic culture was added in this course. It consists of :

1. A comprehensive study of the position of modern clinical psychiatry & psychology.
 - a. Factors affecting the western culture to adopt present approach.
 - b. Factors which made muslims to follow it blindly.
 - c. Comparative study between the islamic and christian stand towards science and scientists in middle ages.
2. Study of Islamic stand and identifications with Islamic origins which are incomparable to man made theories.
 - a. Teaching arabic language for non-arab doctors.
 - b. Learning some part of holy Quran that deals with belief, creation of man, spirit, angels, human trades, nature of human psyche and human goals.
 - c. Learning a number of Hadiths and biography of holy Prophet which deals with the application of Quran's illumination. Study of some interpretations of Islamic scientist on this topic.

- d. Study of the biographies of prophet's disciples (companions) who applied Islamic system successfully.
3. A systematic trial of the Islamic beliefs in psychotherapy believing existence of one God and performing worship according to His orders and trusting in absolute and wholistic benefits as revealed to the Prophet.

In this way we are not devaluating or denying the scientific facts of our physical discoveries, but we refuse and reject any human opinion which is against basic Islamic beliefs directly or indirectly.

The aim is to carry out a trial realistically and honestly by applying Islamic traditions in this field, which always saved human being from deterioration and damage provided by the man made views.







PSYCHIATRIC HOSPITAL TAIF