



Mental Health Services in Libya

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Abstract:

Despite all the internal and external criticisms of mental health services in Libya, they remain underdeveloped across the country. The World Health Organization has made efforts to improve the country's mental health services; however, until a stable government is formed, patients with mental illness will continue to be deprived of their basic needs. Libya has a geographical area of just under 1 760 000 km² and a population of around 6 155 000, according to the World Health Organization. The country is in the upper middle-income group, with an annual gross domestic product (GDP) in 2013 of US\$75.46 billion. The total expenditure on health is only 3.9% of GDP. The first general hospital which had a mental health unit was established in eastern Libya in 1950 at Al-Marj Khadini, a small town situated 100 km from Benghazi. The unit was under the supervision of one foreign doctor and a few unqualified nurses. However, in 1974 the first psychiatric hospital, Dar Al-Shafa, was created 15 km from Benghazi, with 200 beds. Mental health services in Libya were woefully inadequate before and after the civil war following the Arab Spring of 2011. Some areas lack mental health services altogether. reported that per 100 000 population, the country had approximately 0.2 psychiatrists, 5 psychologists, 0.05 psychiatric nurses and 1.5 social workers. The number of psychologists is relatively high because it includes therapists, nurses and social workers interested in psychosocial interventions. There is no formal psychiatric training scheme for clinicians. Qualified doctors usually work as GPs and specialists at the same time, without having to go through a formal training programme such as for the MRC-Psych. Libya has a mental health policy but it is not clear when it was formulated. Libya is one of few Arab countries to have a mental health act; it came into effect in 1975 but has never been reviewed. However, in practice the act is rarely used; what happens is, rather, usually dictated by the family's wishes and common law has also been used to detain people against their will. A road map for health in the Arab world is urgently needed. Emphasis needs to be put on developing leadership and management skills to be able to move forward. Stakeholders, consumers and health authorities need to work as one team and agree on the most important priorities for re-engineering



the health system in Libya. Some positive steps have already been taken. The 4-year mental health strategy for 2015–2019, mentioned above, is set to transform Libya's institution-based approach to a community-based approach, making mental health services available to the most remote and underserved areas of the country. The Ministry of Health needs to create a service evaluation group, in consultation with mental health providers. This group should critically evaluate the quality of the care provided and implement the necessary changes.

Biography:

Haytim Babatni., is a board-certified psychiatrist with a certificate of additional qualifications in addiction psychiatry, a dedicated community psychiatrist with experience in public and private inpatient and outpatient settings, and an experienced psychiatric who continues active clinical practice with seriously mentally ill and dually diagnosed patients. I studied medicine at the University of Tripoli. I trained in psychiatry in Tripoli and the south east. During my undergraduate years I did research on parents' fears about substance misuse, and during my psychiatry training I worked on a trial investigating the use of the drug naltrexone in people with alcohol problems. I also investigated the prevalence of previous sexual abuse among people attending alcohol treatment services. I am one of the founding members and the co-chair person the Psycare private clinic in Tripoli, it is the only admitting private clinic in Tripoli.

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