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- CCT Psychiatry of Learning Disabilities, London (2009).
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Training:

- Specialist Registrar (SpR) in Learning Disability Psychiatry and Child and Adolescent psychiatry (1st May 2006 - 31st July 2009).
- Cambridge SpR Training Scheme, Cambridge University, East Anglia, UK.
- Staff Grade Psychiatrist, Hellesdon Hospital (4th August 2004 - 31st May 2006).
- Senior House Officer in different specialties of Psychiatry, Norfolk Mental Health Trust, Cambridge Training Scheme (February 2001- August 2004).
- Clinical Attachment in Old Age Psychiatry, Julian Hospital, Norwich (14th November 2000 to 25th December 2000).
- Clinical Attachment in Psychiatry; Queen Elizabeth Hospital, King's Lynn (7th August 2000 - 12th October 2000).
- Clinical Attachment in General Adult and Community Psychiatry, Hellesdon Hospital, Norwich (25th August 1999 - 4th August 2000).
- Clinical Attachment in Psychiatry, St Clement's Hospital, Ipswich (1st February 1999 - 24th August 1999).
- Medical Officer, Sudan (1st July 1995 - 31st March 1998).
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Abstract

Challenges of practicing Learning Disability Psychiatry in Sudan

Aisha Mutwakil Bakhiet

Many factors contribute to increased rates of disabled people such as poverty, consanguinity, iodine deficiency in Western Sudan, as well as poor medical care. According to 2008 census there were 1,463,034 people with disabilities; this constitutes 4.8% of the population. The highest rate of disability was amongst the category of 5 to 14 years of age (14.9%). However there were no specific figures for intellectual disabilities (IDs). The Health expenditure is 1.6 % of the country's budget. The expenditure on mental health is unknown.

Several challenges face provision of specialized care for Sudanese children with IDs. The Sudanese community is a reserved community with a very close social fabric and strong religious beliefs. Stigma against disabled people and mental illnesses in general, is still a great obstacle for accessing services. Sudanese patients prefer seeking traditional healing as it is more accepted culturally than going to see a psychiatrist. However, in some Sudanese communities a disabled child can be seen as a blessing. This can also expose them to exploitation, as they can be used as a source of money, when people come to them seeking blessings or healing of their ill patients. This can hold families from seeking health care or education for disabled children as they get used to their disability as a source of income for the family.

Other obstacles to establish specialized service for people with IDs is the lack of real statistics, and the government and decision makers do not give priority to services for the disabled. However, in 2013, the Ministry of Education took critical steps to give children with disabilities the chance to receive a quality education. In reality this has not been applied yet. There are some individual efforts to provide services for people with disabilities, especially those with intellectual disabilities. Most of the specialized schools for children with IDs are owned and run by parents of disabled children. These centres offer life span service for children and adults with learning disabilities, being looked after in the same building using same toilets and other facilities. This unsuitable environment exposes these children to different types of abuse.

There is no governmental supervisory body to govern these schools and there are no protocols or guidelines to guide practice of these centres. Training for staff is not done in a proper way as it is patchy and does not follow evidence based practice. Most of these centres are commercial by nature and too expensive for poor families to afford. Furthermore, the staff is poorly paid as well as often poorly trained.

There are real diagnostic issues of learning disabilities as there is no clear referral pathway and no proper multidisciplinary team work. It is worth mentioning that despite scarcity of services for disabled children, most of them are clustered in the capital, Khartoum leaving other parts of the country with no specialized services for the disabled.

This presentation will highlight some of the challenges as well as the individual efforts that have improved the lives of children with IDs; giving a glimpse of hope for a better future for these children and their families. In the absence of significant research (except in a minority of areas), the evidence is derived from descriptive studies and clinical reviews. This guideline represents the best evidence available and it provides a source document for both commissioners and service providers in the assessment and management of this stigmatized and neglected group of patients.

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