in collaboration with national and international organisations, including expatriate professionals. There is evidence that the quality of mental health-care provided in Iraq is improving; however, the need remains vastly disproportionate to the available capacity within healthcare services.

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THEMATIC PAPER

MENTAL HEALTH AND CONFLICT IN THE MIDDLE EAST

The Egyptian revolution seen through the eyes of a psychiatrist

Nahla Nagy

Professor of Psychiatry,
Neuropsychiatry Department, Ain
Shams University, Cairo, Egypt,
email nahlanagy64@yahoo.com

The 2011–12 Egyptian revolution (*thawret 25 yanāyir*, revolution of 25 January) took place following a popular uprising that began on Tuesday 25 January 2011 and is still continuing. The uprising was mainly a campaign of non-violent civil resistance. In this revolution the participants have proved that if resistance begins with sincerity and unity, it may yet achieve victory.

In the Egyptian revolution, millions of protesters from a variety of socioeconomic and religious backgrounds were united in their demands. They wanted to overthrow the regime of President Hosni Mubarak. Despite being predominantly peaceful in nature, the revolution was not without violent clashes between security forces and protesters, with at least 846 people killed and 6,000 injured (BBC, 2011). The grievances of the Egyptian protesters were focused on legal and political issues. These included the persistence of state emergency laws (first enacted in 1958 and which have remained in effect since 1967), the lack of free elections and freedom of speech, high unemployment, food price inflation, and low minimum wages (New Age, 2011).

During the period of protest, police from Egypt's central security forces were gradually replaced by largely restrained military troops, who protected the protesters, and people's belongings, from the police and Mubarak supporters.

In response to the protests from inside the country and to international pressure, on 11 February 2011 Vice President Omar Suleiman announced that Mubarak would be stepping down as President and turning power over to the Supreme

Council of the Armed Forces. On 24 May 2011, Mubarak was ordered to stand trial on charges of premeditated murder of peaceful protesters (Reuters, 2011).

Social media

The usage of social media during the protest was extensive, despite attempts to censor and restrict access to the internet in Egypt and elsewhere. As one Egyptian activist succinctly Tweeted during the protests there, 'We use Facebook to schedule the protests, Twitter to coordinate them, and YouTube to tell the world' (*Independent*, 2011).

Wael Ghonimis is credited as one of the primary sources of influence on the use of social media in this period of protest. He created a Facebook page dedicated to Khaled Saeed entitled 'We are all Khaled Saeed' (see http://en.wikipedia.org/wiki/Wael_Ghonim). Saeed was an Egyptian businessman. He was beaten to death by police in June 2010. It is believed that this was in retaliation to a video he posted online showing Egyptian police sharing the spoils of a drug bust (interestingly, this video appears to have been taken offline subsequently). The Facebook page dedicated to his death attracted over 400,000 followers, and thereby created an online arena where protesters and those discontented with the government could gather, vent their frustrations and organise themselves. The Facebook site called for protests on 25 January 2011, a day that later became known as the Day of Wrath. Hundreds of thousands of protesters flooded the streets to show their disgust at both the murder (and the delays that ensued when attempts were made to bring to justice the policemen responsible) and the corruption within their country.

Another major contributor to the protest was Asmaa Mahfouz, an Egyptian activist and member of the April 6 2011 Youth Movement. A week before the first protest, she posted a video urging the Egyptian people to meet her at Tahrir Square, to rise up against the government and to demand democracy. In the video, she also speaks of four protesters who had set themselves on fire in protest against the poverty and degradation they had to live in under the Mubarak regime. On 24 January, she again posted a video chronicling the efforts that people had made to support the protest, from printing posters to creating flyers. The videos were first posted to Facebook, then to YouTube, where they went viral in Egypt within a matter of days. The day after her last log posting, hundreds of thousands of Egyptians poured into the streets in protest (*World Politics Review*, 2011).

Political and military response

Since the revolution, Islamist parties such as the Muslim Brotherhood and Salfi groups have shown unprecedented strength in the new, more democratic landscape, taking leading roles in bringing about constitutional changes, voter mobilisation and protests. In parliamentary elections held in September 2011, the Liberty and Justice party (the new-born Muslim Brotherhood party) gained 48.5% of valid votes. Islamists and secularists have both been faced with new opportunities for dialogue, on matters such as the role of Islam and Sharia in society, freedom of speech and opportunities offered by communication using modern technology (*Guardian*, 2011).

On 9 March 2011, military police violently dispersed a sit-in in Tahrir Square and detained a number of protesters who were later moved to the Egyptian Museum and tortured. Seven female protesters were subjected by force to virginity tests. Also, on repeated occasions in the autumn of that year, military police attacked Coptic Christian protesters in Tahrir Square, in the Maspero building (which houses a media centre) and in the Abbassia district, where protesters stayed for several days. The military are reported to have crushed protesters under the wheels of armed personnel carriers, and shot live ammunition at the demonstration, leading to many people being seriously injured, of whom a number lost their eyesight (*Guardian*, 2011).

Mental health aspects

The 25 January revolution seems to have exacerbated certain symptoms among Egypt's population; feelings of worry and anxiety have spread since the early days of the revolution, leading to feelings of confusion about the future, and these problems are coming to the attention of psychiatrists.

One case concerns a 34-year-old young man who was effectively imprisoned on 28 January 2012 together with his elderly parents in their flat, where they were under threat of being set on fire by thieves, for 12 hours. They were saved by the military forces but had to move to a relative's house

and lost all their belongings. He has since suffered from symptoms ranging from severe anxiety, acute insomnia, loss of appetite and distressing flashback memories. His anxiety increases when he has to leave his parents for work. Since this incident, he has had a herpes simplex eruption due to reduced immunity and he reports a sense of insecurity that he had never felt before.

Another case concerns a formerly active woman who now spends most of her time watching the television news and commentaries. She suffers from a sense of fear when she thinks about having to leave the house or attempting to regain her social life. Continuing strikes and demonstrations plus the increasing incidence of crime affect her willingness to send her children to school or to attend outdoor activities. Sometimes she cannot go to work. Sometimes she feels compelled to buy extra food to stockpile. It is difficult for her to use her car because she is frightened that it will be stolen. She says, 'I felt very happy and optimistic when the 25 January revolution broke out, but now I feel that things are collapsing, and it breaks my heart'.

In my university department, the students go every now and then to participate in demonstrations. Two of my students were killed while trying to save injured protesters. Resident doctors work under exceptionally hard conditions because hospitals are frequently exposed to attacks, due to the escalation of crime and inadequate police protection. In my teaching classes, there are increasing numbers of Muslim students, including boys with long beards and girls in burkas. They try to redirect interactive medical discussions about psychiatric problems along religious pathways, especially when those discussions are about conditions such as obsessive-compulsive disorder, depressive disorders and suicide.

The many people who gathered in Tahrir Square said they had gone there to bring about change, and as time went on they gained in confidence. They were seeking autonomy for the present and future Egyptian generations. They hoped that, once the old regime had been removed, people in their home or work environments would start to think in different ways, that they would acquire different values and that they would eventually feel confident to express their ideas without fear. However, the proliferation of satellite television news channels, and the fierce debates and commentaries aired and repeated on them, seem to have accentuated feelings of anxiety among viewers. Even if the slightest accident happens in a remote alley, you see it covered on television as though it were a national catastrophe. People fear the breakdown of law and order since the revolution.

The Egyptian Mental Health Act of 2009 enacted important human rights legislation, including psychiatric patients' rights. These included the right to have an independent assessment of your mental state. It set the criteria for legal compulsory admissions. Following the Egyptian revolution,

many specialist psychiatrists and professors of psychiatry raised the issue that there could be abuse of the legislation, with attempts by the regime to admit people accused of political crimes, especially those from religious groups, into psychiatric hospitals. A young female psychiatrist working in El Abbassia Hospital (a major psychiatric mental hospital in the centre of Cairo) refused to write a medical report after she was asked to assess the mental condition of one of the leading protesters, Alaa Abdel Fattah, who was subsequently imprisoned by the regime (en.wikipedia.org/wiki/Alaa_Abd_El-Fattah).

Conclusion

The Egyptian revolution, which was enacted on the basis of non-violent resistance, provides a model for how peaceful protest, with people expressing their hopes through the internet and other media channels, can lead to change.

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MENTAL HEALTH LAW PROFILES

Mental health law profiles

George Ikkos

Consultant Psychiatrist in Liaison Psychiatry, Royal National Orthopaedic Hospital, London, UK, email ikkos@doctors.org.uk

Just mental health law is a vital priority in an era of increasing international economic hardship, social inequalities and authoritarianism in some countries and neglect in others. It is essential for human rights but also for psychiatric professionalism and reputation. In this issue *International Psychiatry* begins publication of a regular series on mental health law across the world. In the first two articles, Ogunlesi and

Ogunwale and, separately, Loza and El Nawawi report on the history and evolving legislation in two key countries, Nigeria and Egypt. They report some progress but also the considerable distance from a fair outcome for people with psychiatric disorder and those who care for them. In the guest editorial in this issue, Tony Zigmond crucially highlights issues of principle that necessarily form the foundation of law.

MENTAL HEALTH LAW PROFILE

Mental health legislation in Nigeria: current leanings and future yearnings

Adegboyega O. Ogunlesi FWACP FMCPsych FRCPsych and
Adegboyega Ogunwale FWACP PGD (Statistics)

Forensic Unit, Neuropsychiatric Hospital, Aro, Abeokuta, Ogun state, Nigeria, email ogunlesi1952@yahoo.com

Nigeria's current mental health legislation stems from a lunacy ordinance enacted in 1916 that assumed the status of a law in 1958. The most recent attempt to reform the law was with an unsuccessful Mental Health Bill in 2003. Currently, though, efforts are being made to represent it as an executive Bill sponsored by the Federal Ministry of Health. The present paper reviews this Bill, in particular in light of the World Health Organization's recommendations on mental health legislation.

Nigeria, the most populous country in Africa, has a multi-ethnic and poly-religious population totalling about 167 million. Recent data suggest that, of this population, about 20 million have suffered from mental health problems in their lifetime, although few current sufferers have any form of effective treatment (Gureje *et al.*, 2006). Despite the large population and the significant social burden of mental disorders, resources for mental health remain scarce and overconcentrated in urban areas. Indeed, there appears to be roughly