INTRODUCTION

A- Importance and aim of study:

The understanding of the cultural background of the patient will - no doubt - assist practicing psychiatrists in handling their patients at the local level and in planning mental health services at the national level.

Aquaintance of socio-cultural variables enemical to mental well-being will assist in preventive schemes for mental illness, or at least will help in amelioration of the magnitude of such problem in our country.

Among many other factors, the occupation of public health authoreties - as is the situation in many developing countries - in combat of infectious diseases and in bettering the situation of environmental hygiene has led the forementioned authorities to give minute concern to mental health problems which - no doubt - have their importance in our country specially nowadays.

The size of that problem is inestimable and constitutes one of the main-stay hazards for happiness and efficient production in manpower in a rising developing community starving for preservation of its stores of treasures of intellectuals, youth and working segments.

Consultation of arabic literature, has revealed many interesting studies in the field, yet they solve the problem partially and we are still in need of much more concrete efforts and scientific research work documented through statistical studies.

It is intended here, to try to enrich mental health studies in Egypt, through a psycho-statistical survey adopting rural-urban stratification as a tool for comparison and there after recommendation for preventive psychiatry.

Preventive psychiatry entangles much of the work in medicine and public health. However, some specialists in psychiatry are not yet fully aquainted with the role of public health and its amalgamation with clinical psychiatry.

In a careful scrutiny to choose the population at risk for present study, it has been found that Alexandria and Dakahlia Governorates fulfil many of the desiderata required for an urban and rural community respectively.

According to Annual Statistical Report (1760), inhabitants in both Governorates are distributed as follows:

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|--|------------------|----------|---------------------------------------|
| 4 - Orde S Albanooni San - | Alexandria | Dakahlia | Total |
| Rural | _ | 1815631 | I8I563I |
| Urban | I80I 0 56 | 46970I | 2270757 |
| Total | 180 1056 | 2285332 | 4086388 |

The total number of patients chosen randomly for the present study amounts to 200 patients, distributed over both Governorates. The sample was subjected to an epidemiological survey of the main presenting symptoms of psychiatric disorders in the two different subcultures.

Although the incidence and the content of mental disorders may be different from European and/or American illness yet most of our disorders can be grouped under the same or slightly modified psychiatric nomenclature.

The broad diagnostic categories of mental disorders which are exploited in this thesis are the following, according to International Classification of Diseases after adaptation by American Psychiatric Association.

- I- Functional psychoses. (294 299).
- II- Neuroses, Personality disorders; and other non psychotic mental disorders (300 308).
- III- Organic Brain disorders (290,201,292,293,309).
 - IV- Mental retardation (3IO 3I5).
 - V- (Others) any disorder not included above i.e. Sciatica.

Items and Tools of investigation

Through this study we aim to investigate the following items:

- I- Relative frequency of nosological entities of mental disorders according to the above mentioned diagrnostic categories.
- 2- The relationship of mental disorders to age, sex, marital status, occupation, education in both urban and rural subcultures.
- 3- Comparative frequency of psychiatric symptoms and organic defects.

4- Socio-cultural factors that affect mental health in rural versus urban community.

In order to fulfil this goal the following tools of research were exploited:

- a- Psychiatric history sheet.
- b- Psychiatric examination sheet.
- c- Neurological examination sheet.

All of these have been designed by the candidate in conformation with equivalent American procedures (Appendix I, II, III) .