

Honoring Prof. Ahmed Okasha at 90: A Legacy of Influence, Leadership, and Vision

Norbert Skokauskas, G. Chaimowitz, A. Lopez Geist, A. Lachman, H.J. Yoo, A. Fiorillo, D. Elgabry, P. Robertson, B. Leventhal



Professor Ahmed Okasha, a pioneering figure in psychiatry, is celebrating his 90th birthday on February 2, 2025. Born in Cairo, Egypt in 1935, he has played a transformative role in advancing mental health policy, research, and education worldwide. During his tenure as President of the World Psychiatric Association (2002–2005), he secured \$1 million in funding for a presidential initiative to improve child and adolescent mental health, raising global awareness and establishing key policy frameworks. In 1990, he founded the Okasha Institute of Psychiatry at Ain Shams University, a pioneering center for psychiatric treatment, training, and research in the Arab world. Beyond academia, Professor Okasha has been a leading media voice, using television, radio, and public discussions to challenge stigma, educate the public, and advocate for mental health awareness. His ability to bridge scientific expertise and public engagement has left a lasting impact on psychiatry both regionally and globally.

To mark his 90th birthday, Professor Okasha has granted an exclusive interview for the WPA e-Journal, “Education and Psychiatry”. This feature includes nine questions from the WPA Committee on Education and Scientific Publications, offering his insights on psychiatry, education, the future of mental health and more.

- 1. Your father, Okasha Pasha, served as a Major-General in the Egyptian army and was succeeded by General Mohamed Naguib, who later became Egypt’s first President. Your older brother, Sarwat Okasha, was a key leader in the 23rd of July (1952) Revolution, later shaping Egypt’s cultural landscape as its first Minister of Culture and serving as Deputy Prime Minister. How did your father’s legacy and your brother’s distinguished journey shape your understanding of leadership?**

Growing up with two prominent and disciplined characters definitely shaped my sense of responsibility and nationalism. Being decisive after consulting well informed and educated people was a further grasp on improving my skills towards academic research, as well as being focused on the issues at hand while always having the interests of the general public in mind.

- 2. Coming from a well-known and respected family in Egypt deeply involved in Egypt’s political life, what motivated you to take a different course by becoming a doctor and moving to the UK for psychiatric training?**

As you mentioned, I was fortunate to be raised in a cultured and politically driven family which gave me a holistic view on life and its challenges, while also being influenced by my maternal uncle who was the Dean of the medical school at Cairo and Alexandria Universities. My desire to study medicine was also in search of elevating the suffering of people and I found my aspirations fulfilled in psychiatry which looks at the human and not the individual organs one is comprised of.

- 3. In the UK, you met your beloved wife, Jennifer, with whom you shared over 60 years of a deeply meaningful partnership until her passing in 2022. Please share how your wife's support and presence influenced your career and life journey?**

I met my wife Jennifer while I was working in Bexley hospital in London, from the beginning we shared several interests like music, art, reading and travelling. Although I had very good job offers to continue my career in London, she supported my decision to go back to Cairo where I would be more comfortable and would be able to better achieve my academic and clinical goals as she said. She was a very empathetic person who always looked out for the needs of others and tried to help them as much as possible whether family, friends or acquaintances. She was able to provide a loving and caring home environment for me as well as my children which I believe helped in our academic and professional lives. She was very supportive of my work and in the early stages of my career before computers she helped in typing my research for publication and editing the English language. As we grew older, she was the perfect companion well read, well educated, well-travelled and we shared all these interests together.

- 4. You once shared that you had a dream of establishing Institute of Psychiatry to provide care for patients, train doctors, and conduct scientific research—not just for Egypt, but for the entire Arab world. How your dream became a reality?**

In the early 1980s, with the spread of heroin in Egypt, with the increasing number of patients with substance abuse, and with increased awareness about psychiatry and psychiatric disorders, I had a dream. That dream was that Egypt needed an Institute of Psychiatry to provide care for patients, training for doctors and scientific research not just for Egypt, but for the entire Arab World. Many people thought that this would not be possible due to the shortage of finances in the government and university hospitals, and the reality that psychiatry and psychiatric patients usually come last on policymakers' lists. The Institute of Psychiatry was built through personal investment, charity money from many people who saw the importance of having such a project, and the help of many people to make it a state-of-the-art project involving construction, services, medical equipment and experienced personnel. I wanted it to be a pioneer project and an example for all of Africa and the Middle East. The idea started in 1984. The foundation stone was laid in 1988, and the Institute was inaugurated in 1990. In 1993, the Institute was chosen to be a WHO Collaborating Center for Training and Research in Mental Health in the Eastern Mediterranean Region. In 2016, the Institute became a World Psychiatric Association (WPA) Collaborating Centre for Training and Research in Psychiatry. Renovation and reopening of the Institute was done most recently in September 2022. It was renovated to keep the Institute on track with the most recent advancements in psychiatry. These recent renovations included: increasing the patient bed capacity to 72 inpatient beds in 6 wards and building a psychiatric intermediate care unit (PICU). The Institute now has 22 running outpatient clinics, 7 of which are specialized clinics, including the child and adolescent clinic, the substance misuse clinic, the psychosexual disorders clinic, the sleep disorders clinic, the memory and cognitive disorders clinic, the neurotic and stress disorder clinic, and an eating disorders and smoking cessation clinic. It serves as one of the one of the oldest and most eminent educational, training, and research centers for psychiatry in Africa and the Middle East. It houses 3 large lecture theatres; teaching programs for undergraduates and psychiatry postgraduates (Diploma of Psychiatry, Master in Neuropsychiatry and Doctorate degree in psychiatry); and postgraduate training programs for Egyptian Board trainees. Since its establishment in 1993 and first publication in 1995, Middle East Current Psychiatry, (MECP) has served as the official journal of the Okasha Institute of Psychiatry, Ain Shams University, and is one of the Middle East's and Africa's leading psychiatric open access peer-reviewed journals. It is published under Springer and is now on the Web of Science, SCOPUS.

- 5. As President of the World Psychiatric Association (WPA) from 2002 to 2005, one of your most memorable achievements was securing \$1 million for your presidential initiative on child and adolescent mental health. Additionally, you assembled an eminent group of leading child psychiatrists, including Prof. Barry Nurcombe (who passed away in 2023), Prof. Helmut Remschmidt, and Prof. Myron Belfer, to contribute to the program. How did you secure this funding, and how did it help realize your vision for the program?**

At that time, there were alarming epidemiological studies from all over the world concerning child and adolescent psychiatry. These studies showed that, although 20% of children and adolescents had a diagnosable mental disorder, the management and the concern given to child and adolescent mental health was not up to the needed standard. To my astonishment, there was a state of global neglect and a worldwide absence of identifiable national child and adolescent mental health policies. Hence, there was a huge need to increase the awareness of healthcare decision-makers, health professionals and the general public about the magnitude and severity of problems related to mental disorders in childhood and adolescence and about the possibilities for their resolution through primary prevention, early detection and early interventions, and through services that provide effective methods of treatment. There was also an inevitable need to create a database containing information about the current epidemiological situation and about policies and programmes relevant to the promotion of child and adolescent mental health in different parts of the world. For all the aforementioned causes and needs, action was needed. I had a chance to convince the board of Eli Lilly Foundation, in their headquarters in the USA, to take part in an initiative involving the most eminent child and adolescent psychiatry professors from all over the world. I succeeded in securing one million dollars at that time for the promotion and development of child and adolescent mental health worldwide. There were publications of critical reviews of the literature on different aspects of child and adolescent mental health, together with information about relevant programs in different countries. There were manuals and guidelines concerning the prevention and early recognition of mental disorders, and also internationally accepted guidelines for activities promoting child and adolescent mental health. All of these publications are in the WPA website. We also managed to develop a database containing information about the epidemiological situation and about policies and programs relevant to the promotion of child mental health in different parts of the world. We created a functional network of individuals and institutions committed to the achievement of the objectives of the programme. I also chaired the steering committee, and we had task forces on awareness, on primary prevention and on health services, management and treatment.

- 6. What do you see as the most critical issues facing psychiatry over the next decade?**

I believe the critical issues facing psychiatry are firstly, the current geographical shift occurring all over the world which includes displacement, migration and immigration as well as climate change, natural disasters, wars, conflict, population growth, urbanization, agricultural production, industrialization, geopolitics and socioeconomic transformations which is now termed Geopsychiatry. Secondly, to face the rapid advancement in AI, psychiatry needs to be repackaged in a way to make it easier to work online for diagnosis and management of our patient, putting in mind the need for ethical and confidentiality consideration, as well seeking mental health care and guidance and service provision. Thirdly, psychiatric education and training for the younger generation need to be changed and updated to fit in their technologies like mobile phones and computer pads.

7. What is the future role and function of the WPA in the development of psychiatry and mental health over the next 10 years?

- a) Stigma affecting the patient, the psychiatrist and mental disorders in general
- b) Precision Psychiatry
- c) Advocacy for mental health as a priority
- d) Training and education in psychiatry
- e) Focus on prevention and early intervention
- f) Equity and parity between mental and physical disorders
- g) Cultural sensitivity and globalization
- h) Ethics and consent in psychiatry

8. Beyond your professional achievements, what moments in your life do you consider most meaningful and fulfilling so far?

Family and friends are by far the most enjoyable and fulfilling interaction, seeing my two sons prosper with their nuclear families and sharing my time with my grandchildren gives me a sense of extension and purpose while I guide them and see them mature.

9. You became an influential figure in the media, particularly on Arabic television, long before social media and “influencers” became popular and widespread. What is your advice for psychiatrists on effectively using modern media to advance psychiatry, training, and patient care?

When I started appearing on the television and radio in the 1960s my aim to change several things: a) the image of psychiatry that is a branch of medicine and not something mysterious related to medieval religious beliefs, b) the image of the psychiatrists which had suffered a lot at the hands of the mass media and portrayal of psychiatrists, psychiatric patients and psychiatric hospitals in movies, c) decrease the stigma affecting both the patient with psychiatric disorders as well as the prognosis of psychiatric disorders and that it is similar if not better than some physical disorders. Digital media and social media are a new form of mass and rapid communication, while delivering a profound message which psychiatrists in the modern age should master and better utilize to send out our core beliefs that we continually ask for better awareness and inclusion for psychiatric patients. As population grows and more remote towns and villages need more attention, modern media would play a pivotal role, but as we talk about communication and the threats of isolation due to reduced personal interaction, we must also remember that digital media should augment interpersonal relations and communication for the sense of empathy which is not fully relayed when using AI or social media channels in training and in patient care.

Thank you for sharing your insightful answers, and we wish you a very happy birthday.



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