# Psychiatric Healthcare in Morocco: Affordability and Accessibility for Lower-Class Moroccans

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**Abstract**

The Moroccan healthcare system is severely lacking in finances, staff, and resources for psychiatric care. In this paper, I aim to show the lack of accessibility and affordability of psychiatric care for lower-class Moroccans. I conducted interviews at Ibn Al Hassan Mental Hospital in Fes, Morocco that helped me determine that psychiatric care in public hospitals is lower quality due to the lack of resources and funding dedicated to the system, rather than incompetent medical professionals.

**Introduction**

In Morocco, the first response is 'she's possessed.' In the U.S., 'she's faking it for attention.' Mental health is a stigmatized topic that brings many layers of shame, confusion, and negativity onto the sufferer. In this paper, I will focus on mental health[1] in Morocco, although this problem is not specific to Morocco, the U.S., or any country: it is prevalent everywhere. Morocco severely lacks the tools and manpower needed to administer proper psychiatric care to the millions of people who need it.[2] This problem is especially apparent in rural and poor areas. In this paper, I will argue that Moroccans of a lower socioeconomic class receive lower quality psychiatric healthcare due to the limited affordability and access to medications and hospitals; I will draw on my observations of one psychiatric hospital in Fes. To achieve this goal, I must first analyze the socioeconomic classes in Morocco. While there is a steady increase in the size of the middle class, the separation between the lower class and the 'elite' is astronomical and is reflected by the quality of healthcare that the different classes receive.[3] Second, I will discuss the affordability of psychiatric care and medications for Moroccans and the feasibility of then receiving that care. To understand the role that class plays in patient care, we must analyze the Moroccan public healthcare system as well as the psychiatric system specifically. Put simply, there is not enough money or effort spent on healthcare to provide adequate care. Finally, I will explore these topics together to analyze the validity of my thesis statement. In order to accurately analyze this claim, I will perform observations at Ibn Al Hassan Mental Hospital in Fes, Morocco, as well as conduct interviews with administration, psychiatrists, and patients at the

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[1] In this paper, I use the terms 'mental illness' and 'psychiatric illness' interchangeably. I intend for them to indicate illnesses such as schizophrenia and mood affective disorders, the conditions of the majority of patients at Ibn Al Hassan Mental Hospital in Fes, Morocco. I use 'mental health' to refer to primarily psychological disorders.
[2] World Health Organization, "WHO-AIMS Report on Mental Health System in Morocco," *WHO and Ministry of Health Morocco,* (2006).
[3] M Arbouch and U Dadush, "Measuring the Middle Class in the World and in Morocco," *Policy Center for the New South*, July 2019. https://www.africaportal.org/publications/measuring-middle-class-world-and-morocco/.

hospital. To supplement my field research, I will be using several journal articles that provide necessary background information.

Coming from America to Morocco, the healthcare system is quite a shock and was difficult for me to understand at first. I struggled to comprehend what I was seeing and understand it in a way that could help my research. At Ibn Al Hassan Mental Hospital, I had the pleasure of working with Abdelaziz Tritha, an administrator and previous nurse. He served as translator for all of my interviews and patiently answered my numerous questions about medical care in Morocco. I will be referencing Aziz throughout my paper, as he was my guide for many of the observations and conclusions I made about the hospital.

The purpose of my evaluation of psychiatric healthcare in Morocco is not to give a scientific analysis of a complicated, historical problem. Seven weeks is not a realistic amount of time for me to suggest a solution, either. Instead, I intend to draw attention to the significant issues that the Moroccans around me face in their system. At first, I did not quite understand the magnitude of the issue I was attempting to analyze. Throughout my research, observations, and interviews, I learned the intricacy of the system and how easy it is for people to get lost. My research is intended to critique this system rather than the professionals who work in it. Moroccans are unable to get the care they deserve, need, and want due to the system's inadequacy, rather than a professional's incompetency. I would like to highlight this and, hopefully, bring action to change the Moroccan system that has been broken for too long. To do this, I have chosen to focus on one woman's story[4] that I believe emphasizes my main argument in this research paper. Fatima[5] is a 37-year-old divorced mother of two. She works as a café

[4] Fatima (patient at Ibn Al Hassan Mental Hospital) in discussion with the author, February 2020.
[5] Name changed to protect her identity.

cleaner making 40 Dirham[6] a day. She represents a part of the population that faces the numerous challenges of the system every day but is hidden in the background, and I will describe her difficulties throughout this paper.

My interest in Moroccan healthcare stems from my interest in global public health and medicine. After college, I intend to go to medical school and pursue a career in trauma and emergency medicine. I'm not sure how the global piece will play a role in my future yet, but this was a driving factor in my decision to study medical care in Morocco. In order to develop a career in global public health, it is important that I understand other cultures and governments and how they play a role in the healthcare of citizens. The Moroccan system has enlightened me to the numerous challenges that come with adequate medical care and the difficulty to approaching a problem as complicated as this one.

**Literature Review**

To understand the impact that socioeconomic class has on the availability of psychiatric care for Moroccans, one must know how class has developed and is changing in relation to healthcare. The history of the healthcare system, specifically the psychiatric system, and its current state is important for complete understanding. The following literature gives crucial background evidence for several points I argue later in this paper.

The division of class in Morocco has been a significant issue, as Khariss and Sawssan discuss in "The Moroccan Middle Class from Yesterday to Today: Definition and Evolving,"[7]

[6] I use the Dirham in this paper as it is the Moroccan currency. 1 Dirham is equivalent to 0.10 American dollars. The abbreviation Dh is used to mean Dirham.

[7] Mohammed Khariss and Sawssan Boufous, "The Moroccan Middle Class from Yesterday to Today: Definition and Evolving," *Business and Economics Journal* 6, no. 03 (2015). https://doi.org/10.4172/2151-6219.1000153.

and is now reaching a point where the middle class is becoming larger and, especially in major cities, having a bigger impact on policies made by the government. This article compares how the Moroccan economy has shifted over time, while Arbouch and Dadush provide a detailed analysis of the Moroccan middle class in their article "Measuring the Middle Class in the World and in Morocco."[8] They describe the state of the Moroccan economy in relation to the rest of the world, and what it means for everyday Moroccans. With the rise of the middle class comes a greater need for affordable programs, especially healthcare. This issue is prominent because of the fact that rich Moroccans can afford better healthcare, while poorer and middle-class Moroccans generally cannot. The rural areas of Morocco tend to be poorer and lower class, as is with any country. These areas have limited access to health services and poor infrastructure due to the government's lack of programs in the areas. In Morocco specifically, the rural region in the North[9] has remained without government intervention for years because of its political unrest. Jebnoun discusses the state of the Riffi people in her article "Public Space Security and Contentious Politics of Morocco's Rif Protests."[10] Their protests have resulted in poor conditions for the entire region, even today. Similar to the Rif protests is the Arab Spring, which had a big impact on the distribution of government help and programs, as the authors of "Polarization and its Discontents: Morocco Before and after the Arab Spring"[11] discuss thoroughly. The Arab Spring took place in 2011 and spread all across North Africa and the Middle East. It was a protest against governments and unfair treatment. Morocco participated in this movement and

[8] Arbouch and Dadush, "Measuring the Middle Class in the World and in Morocco."
[9] Northern Morocco is also known as the Rif region and is home to the Riffi people.
[10] Noureddine Jebnoun, "Public Space Security and Contentious Politics of Morocco's Rif Protests," *Middle Eastern Studies* 56, no. 1 (May 2019): 48–63. https://doi.org/10.1080/00263206.2019.1597347.
[11] Fabio Clementi and Haider Ali Daud Khan and Vasco Molini and Francesco Schettino and Khalid Soudi, "Polarization and its Discontents: Morocco Before and after the Arab Spring," *World Bank Policy Research Working Paper,* no. 9049 (2019). https://ssrn.com/abstract=3485933

the Riffi people played a large role because the uneven distribution of welfare and aid to the Rif perpetuated the feeling of frustration.

Morocco was a French colony for much of the 20th century and still today there are lingering effects from this colonization. As colonists, the French tended to abuse their powers in running the country, especially in healthcare. Jim Paul analyzes the impact that this has on the current healthcare system in "Medicine and Imperialism in Morocco."[12] Nearly all physicians that had settled in Morocco were French, causing a feeling of superiority that persisted even after independence. Physicians often abused their power through corruption and healthcare fell as a priority to even lower than it had been during colonialism. Little to no money was spent on the quality or access, especially in rural areas. Many doctors refused to work in the public sector because of the low pay and bad locations.

The severe inadequacy of the healthcare system is obvious when one analyzes the psychiatric availability and quality of care. As the WHO discusses in their 2006 report[13], mental health legislation is significantly outdated, and the current budget is very low. Moroccan insurance only covers the most severe mental disorders, such as schizophrenia, which limits most Moroccans from being able to receive care or medicines. In addition to low affordability, the availability of mental hospitals in Morocco is lacking for the number of patients that need treatment. Beds are limited and are decreasing in number every year. For the beds that are available, the buildings are usually in poor condition, as the CNDH outlined in their report.[14]

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[12] Jim Paul, "Medicine and Imperialism in Morocco," *MERIP Reports*, no. 60 (1977): 3-12. doi:10.2307/3011547.
[13] World Health Organization, "WHO-AIMS Report on Mental Health System in Morocco."
[14] Conseil National des Droits de l'Homme, "Mental Health and Human Rights: Urgent Need for New Policy," *Conseil National des Droits de l'Homme,* (2012).

This contributes to poor hygienic conditions for the patients. CNDH also analyzed the inadequate distribution of psychiatrists and doctors to the hospitals. This is also an issue because psychiatry is not a desired field, and doctors that choose psychiatry rarely choose to work in rural areas.

Although the systematic support for those with mental health is weak, it is exacerbated by the fact that Moroccan culture does not recognize mental illness. As Spadola discusses in *The Calls of Islam*[15] those that show psychiatric symptoms are usually seen as being possessed and in need of a *fqih*[16] to rid them of *jinns*.[17] It is difficult for people to express their mental illnesses in a healthy way due to the preexisting belief structures. As a result, they don't receive the care they need.

To properly describe the relationship between low socioeconomic class and poor psychiatric care, I must explain the history of the class and medical systems in Morocco. Through observations and interviews at Ibn Al Hassan Mental Hospital, I will be able to put together this image much more clearly and will supplement the research that has already been published.

**Socioeconomic Class in Morocco**

It is not easy to describe the Moroccan socioeconomic class division; it is messy, complicated, and the result of a long history of colonization. France maintained control of Morocco from the early 1900s until 1956, when Morocco gained independence. With such a

[15] Emilio Spadola, *The Calls of Islam Sufis, Islamists, and Mass Meditation in Urban Morocco* (Indiana: Indiana University Press, 2014).
[16] A fqih (plural fuqaha) is a type of spiritual healer that is common in Moroccan communities and can be used as a doctor as well.
[17] Jinn is the Moroccan term for a spirit that has possessed a person.

heavy French influence, the upper class became quite European and generally consisted of colonizers or Moroccans that profited from the trade market in Morocco.[18] After independence, the Moroccan bourgeoise changed very little. They spoke French, sent their children abroad, and maintained European habits. Although the divide between the rich and the poor is still incredible, the middle class has been growing in the last 20 years.[19]

The growth of the middle class brings more attention to the lack of basic needs provided by the government. The middle class is developing a voice that the poorer class does not have for the resources they both need. They are recognizing the inadequacy of housing, healthcare, and education that exists for those Moroccans that are not in the richest 3%.[20] This issue is prominent because of the fact that "high-income families can go around public services and pay for their provision in the private sector – middle class families typically cannot."[21] This particular issue is important for me to consider in this paper as it plays a big role in the healthcare system. Morocco's healthcare is broken into public and private sectors. Public healthcare tends to be lower quality but is, obviously, available for everyone. Private healthcare is expensive and draws the best doctors for the same reason. Location plays a big role in the quality and access to services in Morocco, especially health and psychiatric related. As is with any country, the rural areas tend to be poorer, lower-class, and have poor infrastructure.

The Rif region to the north of Morocco has limited resources due to "political dissents and socio-political unrest"[22] that the Riffi people participated in before, during, and after colonialization. When Morocco was invaded by the Spanish and the French, the Riffi people

[18] Khariss and Boufous. "The Moroccan Middle Class from Yesterday to Today: Definition and Evolving."
[19] Arbouch and Dadush, "Measuring the Middle Class in the World and in Morocco."
[20] Ibid., 14.
[21] Ibid., 7.
[22] Jebnoun, "Public Space Security and Contentious Politics of Morocco's Rif Protests."

were murdered to make way for the colonizers, as is usually the way with indigenous people. This caused numerous revolts in the region and it continued into independence. The Moroccan government, although not genocidal, still "endorsed an iron fist security approach"[23] to 'dealing' with the Riffi people. This has resulted in poor conditions for the entire region, even today. King Hassan II (1962 - 1999) ruled extremely harshly and threatened his people with violence if political uprisings occurred. King Mohammed VI (1999 – today) attempted to create a more democratic society but instead of improving conditions, he only perpetuated the contentious atmosphere in the Rif. Over time, their continued protests and activism has turned into an identity for the Northern Riffi people as they have questioned those in power for so many years.

The most recent example of Riffi protest is the Hirak movement in 2016, which originated in Al Hoceima, a city on the Northern coast of Morocco. It began with a fishmonger, but quickly turned into a region-wide protest against the "uneven development and low economic growth"[24] that the region experiences. The large Fes-Meknes region contains some of the Rif; Ibn Al Hassan is located in this region, specifically Fes, which is why I choose to highlight the difficulties of the Rif. People are coming from a poor segment of society and that makes following up on their illnesses much more difficult and is the key reason for the failure of treatment[25] – medicines are too expensive, and it is too difficult to get to the hospital. Fatima exemplifies this struggle: she must take a bus from her town into Fes and then take a taxi to the hospital from there. It can take her over an hour to get to the hospital some days. But forget time – how much does it cost Fatima to get here? This is two buses, two taxi rides, and a day lost of work. How long can she maintain this?

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[23] Jebnoun, "Public Space Security and Contentious Politics of Morocco's Rif Protests."
[24] Ibid.
[25] Unknown (psychiatrist at Ibn Al Hassan) in discussion with the author, February 2020.

The unfair distribution of resources to rural areas is apparent in Ibn Al Hassan, where patients are sleeping on the floor due to overcrowding.[26] Patients are admitted as emergent cases into the hospital, which means those that aren't emergent, but still need care, are written a prescription and given an appointment that can be months away.[27] A huge number of people are missing out on potentially life-saving hospitalization due to the lack of resources at the hospital. The Rif historically has not received funds from the government and Fes is similar in this respect: it has largely been ignored by the monarchy.

Socioeconomic class plays a huge role in the ability of people to afford and access healthcare. Hospitals tend to be concentrated in urban areas. The influx of Moroccans to cities for healthcare only affects the public system, as they tend to be coming from poor, rural areas. The private sector costs more because of higher quality care and is generally used by upper middle-class and upper-class Moroccans. As a result, the public system becomes overwhelmed and understaffed. It is limited in pay and location, making it less attractive for medical professionals. The public sector's human resources depend on recruitment and governmental budget, and it is severely lacking. As Oumaima El Hakhloufi told me[28], she wishes there was another social worker at the hospital with her – it is simply too much work for one person, and the hospital expects her to wave a "magic wand." She simply cannot find solutions for all the patients that she is in charge of and it weighs on her every day. Imane[29], the sister of a patient at Ibn Al Hassan, stated in her interview[30] that she wishes there were more hospitals near her, as it is so difficult for her and her sister to travel to Ibn Al Hassan. She struggles with paying for medicine

[26] Abdelaziz Tritha (administrator at Ibn Al Hassan Mental Hospital) in discussion with the author, January 2020.
[27] Unknown (Male Psychiatric Ward nurses) in discussion with the author, February 2020.
[28] Oumaima El Hakhloufi (social worker at Ibn Al Hassan Mental Hospital) in discussion with the author, February 2020.
[29] Name changed to protect her identity.
[30] Imane (patient's sister) in discussion with the author, February 2020.

and transportation since the passing of her father; he was the only one who worked in their family. The need and desire for better infrastructure and budgeting is there, but the question remains: is the government ever going to do anything?

**Affordability and Access of Medical Care**

About half of Moroccans belong to the loosely defined 'middle class,' 3% to the richest class, and the remaining live in poverty[31], as Fatima does. This leaves a large amount of people that are using the public health system because they are unable to afford the private. Moroccans with CNOPS or CNSS, types of insurance, are able to use either system. However, this does not necessarily mean that all Moroccans are getting care. Medical care is not readily available for everyone and rarely is affordable for an average Moroccan family.

RAMED is insurance provided by the Moroccan government for "poor or vulnerable people."[32] The goal of RAMED is to provide relief for the poorest Moroccans by covering the majority of their medical bills. In order to qualify for RAMED, Moroccans are judged based on annual income and disability status, among other things. It is intended to cover the poorest 8.5 million people.[33] Although RAMED covers all medical care expenses, it does not reimburse patients for their medication. This can be a large expense for families that live in poverty.

Medicine is an important factor of medical treatment. The medicines are generally paid for out-of-pocket and can be a large portion of that person's salary. For example, "for hypertension treatment with Atenolol, and Aciclovir to treat a viral infection, even buying lowest priced generics would require nearly 5 days wages - clearly a cost unaffordable to a family

[31] Arbouch and Dadush, "Measuring the Middle Class in the World and in Morocco," 14.
[32] Abdelaziz Tritha (administrator at Ibn Al Hassan Mental Hospital) in discussion with the author, January 2020.
[33] Khalid Tinasti, "Morocco's policy choices to achieve Universal health coverage," *The Pan African medical journal* 21 53, no. (2015): accessed January 30, 2020, doi:10.11604/pamj.2015.21.53.6727.

whose income is this salary."[34] This unaffordability is present with antipsychotic and antidepressant medications as well. Psychiatric medications can be "old generation" or "new generation."[35] The old generation medicines are usually cheaper than the new generation, but they are much less effective. Therefore, families have a choice to make: will they purchase medication that does not work well in order to put food on the table, or will they spend the Dirham for their family member to have adequate medication? Daily medications add up quickly for a family that struggles on a day-to-day basis. Psychiatric medicines are typically distributed by the box, which contain a month's supply. A medication like Leponex, a new generation antipsychotic, costs 500 Dh a box.[36] If a family makes enough to be considered low middle-class, this is 15% of their monthly income: an extraordinary amount. The majority of patients at Ibn Al Hassan, however, live in complete poverty and come from extremely rural areas, such as Fatima. She has RAMED, but her antidepressant is 500 Dh a month. If Fatima is making 40 Dh a day and works every single day of the month, which is nearly impossible with two children, she's only making 1200 Dh. She simply cannot afford to continue with this medicine.

When I questioned Aziz about the inadequacy of medication coverage, he noted that it indeed creates a vicious cycle wherein the patient is hospitalized, discharged with medication, is unable to pay for the medication, and must be hospitalized again.[37] During my time at Ibn Al Hassan, I sat through thirteen appointments with patients of various mental illnesses. Of those thirteen, three patients specifically, tearfully, told the doctor that they could not afford their medications. I am sure there were more that were not as forthcoming about their financial issues,

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[34] A. Agoumi and Said Salah Youssof, "Morocco Medicine Prices, Availability, Affordability, and Price Components," *World Health Organization* (2008): 2.
[35] Unknown (manager of the Ibn Al Hassan pharmacy) in discussion with the author, February 2020.
[36] Unknown (manager of the Ibn Al Hassan pharmacy) in discussion with the author, February 2020.
[37] Abdelaziz Tritha (administrator at Ibn Al Hassan Mental Hospital) in discussion with the author, February 2020.

but even if not, that is almost a quarter of patients that are struggling on a daily basis to afford medicine.

Aziz indicated that there is a center in Fes that distributes medicines for free as the result of an agreement with the government and Fes university hospital, but it is never adequately stocked. Patients are rarely able to get new generation medicines at this center. Fatima told me that her medicine is not available at this center, so she is forced to pay out of pocket for it. A large number of medicines are also unavailable at public hospitals because of the hospital's location or lack of funds. This limits access to medication even more, no matter if the patient can afford the medication or not. Ibn Al Hassan experiences this difficulty as it is the only psychiatric hospital in the Fes-Meknes region. With such a large number of patients, availability of psychiatric medicines is low. There is a general problem with suppliers of medicines due to the contracts that are laid out between company and hospital. In these contracts, they allot a specific amount of each medicine that the company will supply for the hospital. If the hospital runs out, they are able to write to the company and ask for more, but it comes at a price: the next year, the company will not give as much medicine to the hospital and has the right to stop supplying altogether.[38] This leaves the hospital in a tricky situation: do they limit the amount of medicine they give out or risk losing a contract with a medical supplier?

The system has been designed to leave a lot of people in complicated circumstances: families of patients, patients themselves, the hospital, doctors, nurses. Nearly everyone involved is somehow negatively affected by the lack of resources designated for the healthcare system. The affordability of medical care is low: we know that. To fully understand how access plays a role and socioeconomic class impacts care, I must provide an analysis of Morocco's system.

[38] Unknown (manager of the Ibn Al Hassan pharmacy) in discussion with the author, February 2020.

**The Moroccan Healthcare System**

As I discussed above, Morocco was once a French colony. Since the French dominated all aspects of running a country, the French customs became ingrained among some. As colonists, the French tended to abuse their powers in running the country, especially in healthcare.[39] Morocco struggled after independence to suddenly organize their government. As a result, healthcare was somewhat lost in the shuffle and this created a scenario where "racism, missionary zeal, and scientific/cultural superiority were deeply engrained in the colonial medical tradition inherited by independent Morocco."[40] Physicians were still seen as superior and they often abused their power. Healthcare fell as a priority. Little to no money was spent on the quality or access, especially in rural areas. In fact, "after independence, mass medicine regressed."[41] The budget for government spending on healthcare now is only about 5.5% of the entire budget.[42] With such low funding, the system has become corrupt and "negligent;" the word of choice for many of the medical professionals I interviewed. Although they had many negative things to say about the public healthcare system, there was unanimous agreement on the fact that bribery and corruption on the level of direct care is nearly extinct. In my discussion with the supervisor of nurses at Ibn Al Hassan[43], he stated that bribery has been disappearing with the newest generation of doctors and nurses. Since he holds a certain prestigious position at the hospital, there is of course the question of how truthful this statement is: I am inclined to believe

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[39] Paul, *Medicine and Imperialism in Morocco,* 7.
[40] Ibid., 10.
[41] Ibid., 11.
[42]Nada Damghi and Jihane Belayachi and Bouchra Armel and Aicha Zekraoui and Naoufel Madani and Khalid Abidi and Abdellatif Belabes Benchekroun and Amine Ali Zeggwagh and Redouane Abouqal, "Patient Satisfaction in a Moroccan Emergency Department," *International Archives of Medicine* 6, no. 20 (2013), accessed November 3, 2019, https://intarchmed.biomedcentral.com/articles/10.1186/1755-7682-6-20#citeas
[43] Discussion with the author, February 2020.

him, as so many others at the hospital confirmed this fact. Medical professionals today generally believe that bribery goes against their ethics and morals, and hospitals tend to have a low tolerance. A security guard at Ibn Al Hassan was dismissed on the spot when he was found taking a bribe from a patient.

The movement from corruption is a huge step towards a more honest system that prioritizes the patients, rather than the pocket. This unfortunately does not carry through to the level of government funding for public health care. I see this reflected in the poor maintenance of the hospital buildings and lack of properly distributed medical professionals. The lack of medical professionals is in part due to government and in part due to the responsibility of doctors. As the financial director of Ibn Al Hassan noted, the government tends to build infrastructure without the necessary human resources to fill them. They plan for the short-term rather than the long-term and this creates big problems within the system.[44] I tend to believe, however, that the doctors have a responsibility to their people to choose those rural areas as well. It is a complicated decision because of all the factors that require consideration, such as insufficient pay. Even so, too many are leaving the country or settling in urban areas and neglecting the large rural part of the population. Private healthcare is much more desirable than public, as well: it is profit-making and generally better for the physicians. Of the two female medical students I spoke to, one was in the public sector because it was required for her program, and the other had no plans to stay in Morocco when she finished school. I would like to stress, however, that I am making generalizations here. There are certainly doctors in Morocco and at Ibn Al Hassan that are in the public sector out of the goodness of their hearts. Some view it as a humanitarian effort. I also think it is important to note that these public doctors are not lower quality than the private

[44] In discussion with the author, February 2020.

doctors: in fact, Fatima, along with the other two patients I interviewed, all agreed that their doctors were kind, understanding, and genuinely helping them with their illnesses. I am basing my statements on my observations of the general state of rural healthcare. The system is causing these doctors who may choose public to choose private, because they need to for themselves and their families.

The system is not only unfair to the patients and doctors: it has a strong effect on the nurses that choose to work in the public sector. Nurses face completely different problems within the system. Each of the seven nurses that I spoke to mentioned specifically their nonexistent "status" in Morocco. I needed clarification for this term: I wasn't sure if something was getting lost in translation. Eventually, I came to understand that the nurses are speaking about the lack of a nurse's organization and legal entity within Morocco.[45] These organizations exist in countries such as the U.S. and Canada and specify the role of nurses and how they are able to do their jobs. In Morocco, there are no specific guidelines about a nurse's job description or what tasks she can perform. This creates a huge problem because it leaves the nurses unprotected. For example, if a patient needs an injection or a certain medicine and a doctor is unavailable, can the nurse administer those things? If she does and something goes wrong, she could be sued for mistreatment. If she doesn't, she could be sued for negligence. There is no winning in this situation, for the nurse or the patient. This lack of protection and the system's disregard for its employees are what is causing the shortage of staff and the desire to leave Morocco.

There are almost too many problems in the medical care system to even discuss: inadequate numbers of doctors and nurses, not enough hospital beds for those that need them, poor sanitation and water in some hospitals. Because of this extreme inadequacy throughout the

[45] Mohammed El Hamzaoui (WPI IQP Advisor) in discussion with the author, March 2020.

entire public health system, "it remains a product of class society and an instrument of ideology and oppression."[46] The healthcare system perpetuates the class divide by reinforcing the fact that lower-class Moroccans receive lower quality public care, while upper-class Moroccans can afford higher standards of care.

**The Moroccan Psychiatric Healthcare System**

Within the Moroccan healthcare system, psychiatric care is the most marginalized as it is the least desirable field. Doctors and nurses alike do not want to work in psychiatry because of how difficult it is and how much it is looked down upon. Psychiatry has historically struggled in Morocco. The Central Mental Health office was originally created in 1959 in order to help organize the treatment of those with mental illnesses.[47] However, it was nonfunctioning until the late 1980s due to limited staff. The creation of the office was also the last time that the PI National Council produced legislation in order to benefit mental health treatment. The Office of Mental Health and Degenerative Diseases Service is now currently designated to treat mental health, supervise institutions, coordinate with NGOs, educate health professionals, and fight drug addiction. However, the office struggles to do this because of the extreme lack of funding for mental health by the government.

There is a deficiency in the training and understanding of mental health in Morocco, which is also directly linked to the small budget. The medical school system does not place much emphasis on psychiatry as a specialty. Primary care physicians, which are rare in Morocco, typically do not get much training in about psychiatry, nor do they get refreshed on new data or

[46] Unknown (supervisor of nurses at Ibn Al Hassan) in discussion with the author, February 2020.
[47] World Health Organization, "WHO-AIMS Report on Mental Health System in Morocco."

treatments.[48] It seems that psychiatrists are the only ones who have a true focus on Moroccans with mental illnesses. Police officers, judges, and lawyers also get minimal, if any, training about mental health. These are professionals that are dealing with people with psychiatric illnesses on a daily basis: it is inevitable with their jobs. Without some understanding and empathy for those with mental illnesses, it is unlikely that people are getting proper treatment in the judicial system. Each challenge that a Moroccan with mental illness could face, they do. I believe this is affected by the common belief in Morocco – the belief of jinns and spiritual possession.

Morocco is a Muslim-dominant country and has deeply rooted beliefs that have developed because of the culture and religion. One of the most central beliefs to my argument is that of jinns, or spirits. Moroccans generally believe in the ability of jinns to possess people and the resulting ability of fuqaha to rid the person of their jinn. Fuqaha are usually men and seen as "religious authority,"[49] in their communities. I asked the psychiatrists at Ibn Al Hassan about the incidence of patients or patient families that believe they are possessed by jinns, to which they responded "many."[50] They noted that the only reason these patients come to the psychiatric hospital is because the ridding of the spirit by the fqih did not work. Fatima struggles with depression, hallucinations, and suicidal ideations. How else could a rural community with no mental health knowledge interpret these symptoms except for possession by a jinn? This is another challenge Fatima faces: she has no family, two children, and lives paycheck to paycheck. Being possessed by a jinn puts her as even more of an outcast in her society. At a time when she needs the most help, she is severely affected by these beliefs.

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[48] World Health Organization, "WHO-AIMS Report on Mental Health System in Morocco."
[49] Spadola, *The Calls of Islam Sufis, Islamists, and Mass Meditation in Urban Morocco*, 71.
[50] Unknown (psychiatrist at Ibn Al Hassan Mental Hospital) in discussion with the author, February 2020.

Although the psychiatrists denied the belief of jinns affecting the patients care, I believe that this affects the way Moroccans see mental health and solutions for mental health. I am not discrediting local, deeply rooted beliefs or trying to 'Westernize' the treatment in Morocco. Instead, I am trying to give perspective and context to why the system is the way that it is and perhaps a reason to why it hasn't changed so far. If a patient has a fqih to go to instead of a mental hospital, is there less of a need for mental hospitals? I cannot answer this question as an outsider to the culture: I am merely reflecting on the data I have collected.

In this paper, I focus on a single mental health hospital in Fes. Throughout Morocco, beds in mental hospitals are extremely limited and availability is decreasing while demand increases.[51] With poor infrastructure and benefits comes lack of staff as well. Nurses at Ibn Al Hassan are continuously short-staffed, and it is common for one nurse to care for up to thirty-five patients at a time[52]; compare that to nurses in the U.S., who typically care for four or five patients at a time.[53] This clearly limits the ability for nurses to do their jobs properly and decreases the quality of care that patients receive, to no fault of the staff. The majority of mental health hospitals in Morocco exist largely around Casablanca and Rabat, with one in Fes and a new one in Agadir. This disproportionate spread of psychiatric care is "inadequate in relation to the incidence of mental illness"[54] around the country.

**Conclusion: Feasibility of Psychiatric Healthcare for Lower-Class Moroccans**

[51] Unknown (women's psychiatric ward nurse) in discussion with the author, February 2020.
[52] Unknown (men's psychiatric ward nurses) in discussion with the author, February 2020.
[53] From personal experiences in multiple hospitals in the United States.
[54] Conseil National des Droits de l'Homme, "Mental Health and Human Rights: Urgent Need for New Policy."

I spent several days observing and interviewing at Ibn Al Hassan Mental Hospital. My experience during these several days shows the cracks in the system. The medical staff are competent, smart, hard-working. They genuinely care for their patients. The issue is not with the professionals: it is with the government that continuously lets down its people with poor funding. I saw several examples of medical staff at Ibn Al Hassan that were providing care to the best of their ability with the resources they have been given. Psychiatric care has limited finances, and this only adds to the brutal structure that lower class Moroccans face when they need care. They struggle to find treatment (never mind quality), organize insurance, pay for treatment, pay for medicine, and follow up with physicians for continued care. If you are living in poverty, have very little formal education, and have to travel hours for care, how likely is it that you will do these necessary things? It seems, and is, insurmountably difficult.

The psychiatric care provided by Ibn Al Hassan Mental Hospital is primarily given to Moroccans of the lowest socioeconomic status. It is the only psychiatric hospital in the Fes-Meknes region, which includes part of the Rif. This large area is primarily rural, with poor infrastructure. Because of this, Ibn Al Hassan receives a huge number of patients and is constantly overcrowded. This limits the quality of care that each patient receives, simply because of the lack of resources. This problem is sharply obvious in the public healthcare sector and highlights the "flagrant disparity between the poor segment and the rich or middle class."[55] Psychiatry is looked down upon in Moroccan society. It is not a desired profession and comes with significant stereotypes. The system here has failed medical professionals and their citizens: so much so that some feel the only solution is to leave Morocco completely.

[55] Unknown (financial director of hospital) in discussion with the author, February 2020.

My time at Ibn Al Hassan confirmed psychiatric patients in Morocco of a lower socioeconomic class and from rural areas struggle more to access care and pay for medications. The quality of care is not necessarily worse for these patients: in fact, all three of the patients I interviewed are satisfied with their doctors and the outpatient care they are receiving. The issue of quality plays a more significant role when the patient is hospitalized and lives in an overcrowded environment. Overall, I believe that the medical professionals (doctors, nurses, social worker) at Ibn Al Hassan are doing their best with the resources they have been given. This translates to adequate, but not great care for their patients. This is unfortunate and needs to be changed, but such is the reality of the situation.

We have all come to know Fatima: her story, her struggles, her mental illness. This heartbreaking story of a woman's battle to find psychiatric care is what I am trying to highlight in this paper. She represents the Moroccans I am trying to bring attention to; the marginalized, rural, poor Moroccans that face mental health issues just as often as rich Moroccans but have so many more challenges in receiving care. I am optimistic that my research has highlighted the historical and political reasons behind the broken system and will bring attention to the change that is so desperately needed for Moroccans such as Fatima.

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