WEST BANK and GAZA STRIP: improving mental health policy and service delivery

Project objectives

- To strengthen the expertise of local mental health professionals through training activities and to facilitate international exchange and networking to sensitize local authorities and mental health professionals about international mental health best practices.
- To collaborate with the Palestinian Authorities and other significant international cooperation to revise the National Mental Health Plan to ensure the development of coordinated community-oriented services.
Background

The occupied Palestinian territory (oPt) includes the two geographically separate areas of the West Bank and Gaza. These areas are located between the Mediterranean Coast and the Jordan River. The areas feature several famous cities including Jerusalem, Bethlehem, Hebron, Jericho, Nablus and Gaza.

The West Bank lies within an area of 5800 sq. km west of the River Jordan. It has been under Israeli military control since 1967. Many areas of the West Bank have diversified communities. There are observable differences in the lifestyles and living conditions of the different socio-economic groups, religious affiliations, urban, rural and refugee communities. The population of West Bank is 1.6 million persons (47% urban, 47% rural, and 6% in refugee camps).

The Gaza strip is a narrow piece of land with an area of 360 sq. km, on the coast of the Mediterranean Sea. The area has a dense population mainly concentrated in cities and refugee camps. The main source of income for the Gaza population is employment in Israel, in addition to the export of agricultural products via Israel. The population of Gaza is slightly over one million persons (63% urban, 6% rural, and 31% in refugee camps).

The Palestinian population has lived through several consecutive wars (1948, 1956, 1967), occupation and long periods of unrest. The second of the two Intifadas (Uprising of the Palestinian people) started in September 2000. Violence, destruction of agricultural resources, roadblocks and curfews have led to deteriorating economic conditions in the West Bank and Gaza. There are severe restrictions on travel and movement with more than 100 checkpoints throughout the West Bank and Gaza, making travel between many towns and cities extremely difficult. This has had an impact on the ability of people to access health and mental health services.

The state of mental health

In 1997, between the two Intifadas, a population-based study (n=585 adults), involving fully structured diagnostic interviews, was carried out among adults in Gaza. Data were collected by the Gaza Community Mental Health Programme (an NGO) and analyzed by a WHO Collaborating Centre. The data show that in the previous 12 months before the interview 10.6% of the adult population met the criteria for the Diagnostic and Statistical Manual of Mental Disorders, 4th edition (DSM-IV) Post traumatic stress disorder (PTSD), 12.3% met criteria for another DSM-IV anxiety disorder, 4.8% met criteria for DSM-IV mood disorder, and 4.8% met criteria for DSM-IV somatoform disorder. (Ivan Komproe, PhD, written communications, 2003).

Trauma, loss, and humiliation – experiences that are part of the conflict – are risk factors for mental disorders, and it is thus to be expected that the prevalence of mental disorder has increased since the start of the Intifada.

The mental health of Palestinian children and adolescents is of particular concern. Children living in war zones are at high risk of developing emotional problems. In a study conducted during the present Intifada, the majority of children exposed to bombardment and home
demolition, reported many emotional symptoms (Thabet et al, 2002)\(^1\).

| Mental health services |

The Ministry of Health (MoH) of the Palestinian National Authority is the main statutory health provider responsible for supervision, regulation, licensing and control of all health services. Other health providers include the United Nations Relief and Works Agency for Palestine Refugees in the Near East (UNRWA), military medical services, health services belonging to national and international non-governmental organizations (NGOs) including the Palestinian Red Crescent Society and some private health sector (for profit) organizations.

Overall, service provision is fragmented. The territory has neither a mental health policy nor a comprehensive plan that addresses both ongoing care for the severe mentally ill and services for those affected by the traumas and losses of the conflict. There is no mental health legislation, and no separate budget line for mental health in the Ministry of Health’s budget.

Fifteen community mental health clinics are run as part of primary health care services at a frequency of two to six times per week by psychiatrists and nurses without specialist training. There is one mental health clinic for children. Referrals can be made from these clinics to hospitals. Outreach services in most areas are minimal or non-existent.

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**Gaza**

The NGO Gaza Community Mental Health Programme runs four community mental health centres in Gaza. Many organizations in the voluntary sector offer counselling as a part of other (non-mental health) services. There is no formal system of referral between the NGO and Government sectors. The Guidance and Training Centre for the Child and the Family (Bethlehem) NGO, runs psychiatric services with a focus on children.

UNRWA Gaza started a prevention programme to respond to the needs of the refugees during the second Intifada in May/June 2002. It involves 66 counsellors working in schools, medical centres and community centres in the camps. Activities are at the level of prevention and patients are referred to professionals in mental health when needed. A link with resources in the community has been developed. Counsellors are mainly involved in group counselling with parents, teachers, children and adolescents.

UNICEF provides educational and promotion services and materials for playing, reading, learning and self-expression to children. NGOs and UN agencies (particularly UNICEF) in collaboration with many ministries run short- and long-term courses on counselling, crisis intervention, nursing and social-work in relation to mental health for health professionals, teachers, parents, adolescents, and law enforcement officers.

**West Bank**

There is a large custodial psychiatric hospital in Bethlehem in the West Bank. It has an occupancy rate of 50-65% partly explained by problems of accessibility due to restrictions on
mobility. The average stay for non-chronic patients is 5-8 months. About 100 out of 180 patients are chronic, long-stay patients, and their well-being in the hospital is of human rights concern. The hospital in Bethlehem absorbs the majority of resources dedicated to mental health.

Overall, the mental health services in the West Bank and Gaza are fragmented. Donors and NGOs spend millions of dollars every year on psychosocial/mental health activities. However, the mental health system in most areas is not able to provide: (a) rational treatment in primary health care of common mental problems (mood and anxiety disorders, including trauma-induced problems); (b) care in the community for chronic patients with severe mental disorders, and; (c) quality psychological support in the school system for children and adolescents who are faced with trauma and other loss during the conflict.

To address these and other issues, the WHO has initiated a project aimed at improving mental health policy and services organization planning in the West Bank and Gaza. The project was conceptualised on the basis of a May 2001 fact-finding mission by the Director of the Department of Mental Health and Substance Abuse.

**Project description**

To date various, interlinked activities have been undertaken as indicated below.

**Training in Trieste for Palestinian mental health professionals**

WHO organized a five-month training course of five Palestinian mental health professionals in Trieste, Italy, which ended in February 2003.

The provision of mental health care in Trieste is organized and delivered through different services and structures, each of which constituted a basis for the training. The central point for service delivery is the mental health centre, which is open 24 hours a day, seven days per week and responsible for a catchment area covering 60,000 persons.

Trainees acquired meaningful knowledge and experience on the organization of services and on the practical functioning of a fully community-based mental health system. Each trainee had a professional, personal tutor. Regular meetings were held to have theoretical discussions, and in collaboration with the Training Programs Office, to evaluate the needs for further training.

The clinical knowledge provided included; (a) the ability to manage cases, taking into account the specific contextual background of each service user; (b) crisis management skills, and; (c) the ability to create comprehensive, personalised treatment programmes for the service user (biological, psychological and social interventions). Trainees were exposed to all activities of the mental health service, including housing for people with severe psychiatric disability, vocational training, and employment generation. Trainees also participated in special programmes focusing on subpopulations at risk and were involved in ongoing work with general hospitals, primary care settings and prisons.

The Palestinian mental health professionals all had the opportunity to become familiar with the operational aspects of different structures of the Trieste Mental Health Department. They were also able to better
understand the importance of different professional roles in multidisciplinary teams and had the opportunity to experiment through collaboration with their tutors and other Trieste staff. This was done through training in case management and by means of direct contact with users, their network and the general system of social support. During 12 seminars organized for the trainees, they had also the chance to learn the theoretical aspects of the transformation from a hospital-centred organization to a community-based system.

In addition to the aforementioned training, a second group of Palestinians visited Trieste in January 2004. This was a one-week visit by senior Palestinian mental health decision-makers. The visit helped these senior officials become aware of alternative ways of managing the severe mentally ill. The Trieste model (a fully community-based model) is a good example of how a cost-effective, high quality, psychiatric service can be successfully provided after a process of deinstitutionalization of a custodial psychiatric hospital. It has been WHO’s experience that one of the most effective ways to convince decision-makers about the value of and need to develop community mental health care, is to introduce them in vivo to a high quality community service, such as the one in Trieste.

An Arabic translation of the WHO document, ‘Mental Health in Emergencies: Mental and Social Aspects of Health of Populations Exposed to Extreme Stressors’

WHO receives frequent requests to advise on strategies to assist populations exposed to emergencies. There is broad consensus that emergencies can severely disrupt ongoing formal or informal care for persons with pre-existing disorders and that exposure to extreme stressors and losses is a risk factor for subsequent social and mental health problems, including common disorders. A range of principles and intervention strategies that have wide support from experts, can be tailored to apply to the local context, needs and resources. WHO has prepared a brief document outlining advice on principles and intervention strategies for populations exposed to extreme stressors. This document has become the basis for the first-time inclusion of a mental and social health section in the ‘2004 Sphere Handbook’. Because of the relevance of the document to the Palestinian context, and on specific request of local organizations, WHO translated, printed, and disseminated an Arabic version of the document. This publication shows how needed social and mental health interventions in and after emergencies can be integrated in one framework that is consistent with the development of normal community mental health services. Indeed, access to mental health care in general health services is a key mental health provision strategy both in times of peace and during war.

Mapping of mental health resources for the West Bank and Gaza

There are numerous NGOs and people in Gaza and the West Bank involved in the provision of mental health and psychosocial services. Many of them provide a vertical service for a narrow target group of beneficiaries. These organizations exist in the absence of an adequate general mental health care system to refer cases that are beyond their mandate or capacity. NGOs typically employ staff who can potentially contribute to a general mental health care system, especially in the area of training. Capable NGOs are also able to accept referrals from
the general mental health care system and can therefore be regarded as a valuable resource.

It is WHO’s experience that it is important to make a map of available services. Such mapping can then inform service organization plans. The Institute for Community and Public Health, Birzeit University has conducted the study ‘Psycho-Social/Mental Health Care in the West Bank: the Embryonic System’. This study is a careful mapping of mental health resources in the West Bank. WHO has contracted the University to replicate the study in Gaza and to publish the results of the studies in Gaza and the West Bank. The resulting report (expected in May 2004) will greatly facilitate the use of valuable NGO resources in the development of general mental health services.

A mental health plan for the West Bank and Gaza

The Department has supported the development of a Palestinian mental health plan (endorsed by the Minister of Health in February 2004).

Stakeholder meetings

To build a good mental health plan, it was crucial to engage and listen to a wide range of stakeholders that have a role to play in the implementation of the plan.

To this end, two stakeholder meetings were organized in July by staff of the WHO Jerusalem Office in collaboration with the WHO Department of Mental Health and Substance Abuse. The Department both funded the meetings and chose a number of international consultants to participate and give guidance.

The first meeting was held in Gaza and the second in the West Bank (Ramallah). These meetings – under the slogan ‘Mental health for all’ - were attended by a wide range of Palestinian mental health and public health employees and by representatives of the UN and NGO communities. Despite severe problems in freedom of movement (roadblocks, curfews, etc), attendance was very good. There were 60 participants in Gaza and 85 in the West Bank, representing:

- Mental hospitals in Bethlehem and Gaza City;
- Ministry of Health-run Community Mental Health Centres throughout the West Bank and Gaza;
• Ministry of Health primary health care system;
• UN organizations-UNICEF, UNRWA;
• Officials from the Ministry of Health, the Ministry of Social Affairs and the Ministry of Planning;
• Key local and international NGOs.

During the meetings, international experts ran intensive group-work sessions with the participants to gather as much input from the field as possible on service organization needs.

Substantial and concrete feedback from the various stakeholders informed the first draft of the mental health plan (see next section).

Appointment of a steering committee

The mental health plan was developed by a Palestinian Steering Committee for Mental Health. The Steering Committee was appointed in early 2003 by the Ministry of Health, in consultation with WHO. Members of the Steering Committee include Directors of Primary Health Care in the Ministry of Health (West Bank and Gaza), the Directors of Community Mental Health in the Ministry of Health (West Bank and Gaza), representatives of key NGOs, as well as representatives of the French and Italian Cooperation, WHO functions as Secretariat.

As requested by the health authorities, WHO facilitated the development of a plan describing the (re)organization of mental health services in the West Bank and Gaza. The plan provides guidance to the Ministry of Health on how to advise national and international organizations, as well as donors, in building a well-coordinated community-based mental health system. In addition to providing a practical strategy for psychiatric reform, one of the benefits of such a plan is that it substantially reduces fragmentation, duplication of projects and wastage of resources. WHO therefore made a technical agreement with the Ministry of Health, the Consulate General of France - French Cooperation, and the Consulate General of Italy - Italian Cooperation to ensure that there will be ongoing institutional consultation and collaboration throughout the development and implementation phases of the plan. This is important because the French and Italian governments as well as WHO Jerusalem have generated substantial resources (circa 3.5 million dollars) to establish community mental health services and the three projects are being coordinated and run jointly.

WHO has supported the Steering Committee in developing the mental health plan as follows:
• providing scientific justification to reshape services;
• guiding the planning process;
• providing guidelines, protocols and standards;
• supporting the collection and analysis of information on existing services (see above);
• contracting consultants/temporary advisers to provide technical assistance in the field;
• convening meetings.

With respect to the latter, the organization of meetings was challenging. Because of road blocks, curfews, and travel authorizations, Palestinians from the West Bank and Gaza were unable to meet each other. These obstacles were overcome through videoconferencing and meeting abroad.

The final version of the plan was submitted to the Minister of Health in January 2004. The Minister signed and approved the plan in February 2004 during a ceremony at the Ministry of Health. Representatives of the Italian and French Cooperation and the WHO Office in Jerusalem also signed the plan.

The project demonstrates that despite the ongoing emergency and fragmented situation in the area, it is possible to plan community mental health services for the severe mentally ill as well as primary health care for those with common mental disorders, including problems induced by trauma. The plan provides the framework for the development of services by national and international organizations that are present in the West Bank and Gaza. The Ministry of Health, the WHO Office in Jerusalem, and the Italian and French Cooperation, and major Palestinian NGOs are presently working together to implement the plan.