Towards Better **Mental Health Services** in Palestine

By Souha Mansour Shehadeh

When we raise the question of mental health in Palestine, we immediately think of the effects of the chronic political situation on the psyche of the population and of the increase in psychological disorders due to repeated traumatic events experienced regularly by children and adults. The Palestinian context is very complex, characterized by chronic tension, punctuated by acute crisis situations, in a society that is evolving between traditions and modernity. Mental health services are now considered an essential part of the health services that are offered to the population, but they still face many challenges in responding to the needs of the population.

Traditions, collective beliefs, or stigma related to disabilities in general and to psychiatric or psychological disorders in particular in Palestine are similar to that of other countries in the Arab world. Religion, for example, continues to play an important role in the support of people presenting with psychic suffering, and in some cases, people who suffer from delusions or hallucinations or other psychiatric symptoms can be considered within a religious framework as *maskounin*, possessed. Families deal with mental health problems in various ways that range from social exclusion of the person with a psychiatric/psychological disorder to family support and containment; the "line between" these two attitudes can fluctuate and frequently reflects the distress of the families who do not know how to deal with their ill family member, who may fear his/her reactions, who do not understand what is happening, or who feel guilty because of their inability to help. In addition, seeking mental health

> Inclusion of children with developmental disorders (such as autism spectrum disorder) in public and private schools is still very difficult. Many mainstream schools have established special education support for children with learning disabilities, but schools have no budgets to hire additional teachers or special educators who could accompany the child in his/her classroom. Even if parents have the means to pay for an extra teacher for their child, there is an obvious lack of training in supporting children with autism.

Inclusive summer camps have been organized by El Mustakbal Elementary School in El Khader for at least the past fifteen years. El Mustakbal School offers mainstream education for children from Al Khader and its surroundings as well as rehabilitation classes for children with disabilities.

Nahalin Society and School is a community center that includes mainstream primary school classes as well as special education classes for children with disabilities.

services is not always easy in a context where there is very little privacy and where the social network surrounding the family can come to know that a particular individual is consulting a psychiatrist or a psychologist. This reality can be associated with negative consequences and thus be a stigma on the whole family. Young adults, for example, might find it difficult to be seen as eligible for marriage if people know that there is someone in the family who has a mental disorder.

In addition to its heterogeneous cultural context, Palestine, of course, has a specificity that is related to its geopolitical context that on the one hand increases the number of people with psychic disorders and on the other, maybe paradoxically so, has led to an evolution of mental health services. It seems as though the worse the political situation, the stronger the will of civil society to support people with disabilities. Indeed, Palestinian society continues to reflect on developing better care for the most vulnerable and marginalized people, thus showing that it remains on the side of "life" and can continue to be constructive and creative in a context marked by continuous attempts to break the vital momentum of an entire people.

Organizations that offer mental health services have evolved over the last decade; until a few years ago, especially during the second Intifada, professionals focused mainly on child victims of "trauma," because of ongoing political violence, or on persons suffering from severe psychiatric disorders. Many institutions created or developed "crisis intervention" programs, as if there were no other pathologies that needed to be cared for. Psychiatry targeted mainly adults; it was a classical form of psychiatry based on medication and hospitalization for patients who had severe psychiatric illnesses. There was indeed a crisis situation and there were indeed children and adults who were deeply affected by terrible events, and local institutions as well as international organizations concentrated their efforts (and their money) on programs targeting victims of trauma. International organizations invested in the mental health field, and international donors funded these crisis-intervention programs. Many local organizations depended on donors and designed their projects according to the call for proposals. Dozens of punctual trainings on techniques related to trauma treatment, short workshops for "training of trainers," were organized with very little follow up or evaluation of the work that was done afterwards. This development further contributed to the general discontinuity and fragmentation

Palestinian nongovernmental organizations, followed by the Ministry of Health, have been developing the integration of mental health in primary health care since around 2008. They have organized long-term training modules for nurses and doctors, aiming to assure that they can offer a more holistic approach to their patients, better treat basic mental health difficulties, and refer their patients to more specialized care when necessary.

that Palestinians were experiencing in a geographical horizon marked by continuous closures and physical and emotional discontinuities. This period was also marked by a form of competition between institutions, which tried to coordinate their efforts, but which sometimes duplicated the work in the same areas and were not able to communicate efficiently.

In general, institutions worked hard and received many children brought by their parents because of the violent context; indeed the majority of the population was sensitized to the effects of trauma on children's well being through the multiplication of health education programs either organized by professionals in the villages, camps, and cities or sometimes broadcasted on TV channels. Families were aware that they were living "an abnormal situation" and that it was normal to be affected by such a situation. So they would bring their children and express their own distress as parents at not being able to protect them and guarantee a secure future for them. The children they brought had psychological difficulties, sometimes in relation to traumatic events they had

experienced and other times similar to the difficulties that we find everywhere else in the world… and in the latter case, it was easier to consult psychologists or psychiatrists because everybody would say that it was the "crazy" situation that was responsible for the symptoms of their children and that they had legitimate reasons to seek for help.

And slowly, a change occurred; the crisis of the second Intifada was over. It was obvious that there was going to be more to come, but there was a sort of lull that allowed institutions to take more time to reflect on their work without being in emergency-response mode, and to realize that there was a lot to be done. When it comes to children, civil society increased its efforts to focus on children's needs, on their psychosocial well being, and developed more preventive programs that would allow children to find more play spaces, more activities to help them forget, for a while, that they were living in a chronic war context. Hospitals, for example, created playrooms in their pediatric departments, or hired social workers because they realized even more the importance of mental health for children with somatic diseases.

On a more "curative" level, mental health professionals had more opportunities to meet and to share their practices. They became more selective with respect to the external trainings that were proposed, expressing their needs related to their work and to their context. They finally had more prospects to talk and to communicate together as governmental, nongovernmental organizations and UNRWA. Institutions became more "specialized" in the sense that each targeted a specific segment of the population, especially if several institutions were working in the same geographical area. For example, some mental health institutions worked with child or adult victims of political violence, others focused on child victims of abuse, and others emphasized their work on vulnerable children, such as children with special needs. The Palestinian Ministry of Health developed its mental health services and created more mental health community centers in the cities with a special focus on children and coordinated very regularly with nongovernmental organizations.

According to the Palestinian Mental Health National Strategy report for 2015–2019, there are around 24 accredited psychiatrists working in the governmental sector in the West Bank and Gaza, and a small number of additional psychiatrists who work in the nongovernmental sector. Around 150 psychologists and social workers are employed in the governmental sector and several hundred in the non-governmental sector; most of them, however, lack high-quality theoretical and clinical training.

Al Amal Center in Obeidieh offers inclusive education services for children with and without disabilities, a total of 494 children.

The world of mental health services in Palestine is not very large; professionals know each other in the West Bank, and many have met colleagues from Gaza (the reunions were mainly outside the country) and started to get to know colleagues from the 1948 areas; it is as if all were more aware of the necessity to work together and to create links, especially in this context where maintaining geographical, family, or friendship links is constantly challenged by the occupation.

There are still many problems in this field. People with mental health disorders are still stigmatized and are not easily integrated into the workforce despite the increasing number of campaigns on inclusion and integration and of the advocacy groups of families or of mental health professionals. Another major problem is the lack of human

Toy library of El Dheisheh Local Committee for Rehabilitation. In 2015, this toy library received regularly 218 children, including 168 children with disabilities. This model was established in three other community centers for children with and without disabilities in partnership with Bethlehem Arab Society for Rehabilitation: it provides a safe play area where children can play freely while accompanied by trained professionals.

resources; training programs still need to evolve, even though in the last years, some universities have developed new curricula in accordance with the population's needs. Psychiatric residency programs continue to take place at Bethlehem psychiatric hospital. Even though the hospital has opened up drastically to the community, the society continues to associate adult psychiatry with severe disorders. People suffering from less debilitating disorders can be sometimes overmedicated because there are not enough professionals offering psychotherapeutic services that could help decrease or sometimes avoid the use of medical treatments.

There is no specialization in child psychiatry in Palestine, and doctors, if they choose this specialty, need to go abroad for training. There are no child psychiatry wards, and sometimes professionals can find difficulties in managing heavy situations, especially in the absence of multidisciplinary teams.

The population continues to face the disastrous consequences of the political situation with very few positive perspectives for the future. Professionals live in the same context as their beneficiaries and they face the same difficulties of living under occupation. They need to take care of themselves in order to be able to take care of others, and the network they try to reinforce among professionals is also a way of supporting each other so that they can work more efficiently in their institutions. Much remains to be done, and it is essential to continue to develop mental health services in order to guarantee that beneficiaries have a space where they can express freely their emotions without being judged or criticized, a space where professionals can hear the deep suffering and help to heal it, and where they try to preserve as much as possible the freedom of thoughts when freedom in life is so difficult to obtain.

Article photos courtesy of the Bethlehem Arab Society for Rehabilitation in Beit Jala.

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