



*Ongoing conflict across the occupied Palestinian territory (oPt) continues to take a heavy toll on the mental and psychosocial health and well-being of a large majority of the population, making it one of the most significant public health challenges. COVID-19 has further exacerbated the situation and contributed to an increase in the incidence of gender-based violence (GBV), which has enhanced the vulnerability of women and girls.*

“Lack of resources and specialised services means that mental health disorders and GBV can often go under-reported, under-treated, and under-supported in emergency and conflict contexts. This makes it crucial to ensure that health workers, who serve as the main point of contact at primary health care facilities, are given tools to identify, treat and support people experiencing mental issues and GBV,” said Anna Rita Ronzani, GBV Technical Officer and Trainer, WHO Eastern Mediterranean Region.

Under the leadership of the Ministry of Health (MoH), WHO has been strengthening mental health services across oPt since 2010. As a part of the ongoing efforts, with funding from The Big Heart Foundation, this week two training of trainers were organized for 50 health workers and mental health professionals from Gaza and the West Bank. The training focused on supporting front line health workers, from MoH and UNRWA primary health clinics, understand how to integrate response to gender-based violence into mental health and primary health care services.

“Women’s mental health issues could often be a symptom of GBV they could be experiencing. But without the right training, non-specialist health workers could easily miss the signs. This training will help me screen my patients effectively and refer them to the right service so they could receive appropriate treatment and support and no longer suffer silently,” Dr. Muneera, Medical Officer, UNRWA clinic.

According to a 2013 WHO global multi-sectoral study on violence against women, females who experience GBV are twice as likely to develop mental health issues compared to those are not exposed to such situations. Given this, response to GBV forms an integral component of the WHO Mental Health Gap Action Programme (mhGAP) Intervention Guide (2.0), which is being used to support the integration of mental health services into primary health care health facilities across oPt.

Plans to cascade and make the training accessible to more health workers are being developed by WHO oPt, in collaboration with MoH However, lack of funding remains a major obstacle in rapidly expanding mental health services and ensuring the availability of trained professionals.

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Saturday 27th of April 2024 06:56:56 PM