

10 October 2012 **Ramallah** – On 10 October, International Mental Health Day, the Palestinian Ministry of Health and the WHO oPt office launched a three-year \$1.5 million project, funded by the European Union (EU), to improve community-based mental health services in the West Bank and Gaza Strip.

WHO will provide technical support for the project which the Ministry of Health will implement in 48 health facilities in the West Bank and Gaza Strip, in line with the National Mental Health Strategy, 2012–2014. The project also aims to increase patient access by strengthening Palestinian civil society involvement in service provision and in fighting stigma and discrimination.

WHO and the Ministry of Health have worked together over the last decade, most recently in an EU-funded phase 1 project (2008–2011), to reshape mental health and psychosocial support services from a traditional institutional-based approach to a community-based approach. This EU-funded phase 2 project builds on this work and emphasizes effective prevention, diagnosis, and treatment of common and severe mental health disorders, and will be implemented across a continuum of care levels: primary assessment and ongoing care in primary health care clinics, specialized and community care in community mental health centres, acute care units in general hospitals and promoting rehabilitation services in tertiary care facilities.

Minister of Health Dr Hani Abdeen said, “In Palestine mental illness results in preventable suffering and a huge burden on families. We will continue to improve our primary health care services so that patients can easily access the care they need and we must strengthen community-based services. I am very pleased that the EU and WHO are working with us to support this programme.”

Major project activities 2012–2015

The current project will focus on strengthening primary mental health care as the first level of mental health service provision. The integration of mental health into primary health care will include 28 primary care facilities. 180 doctors and nurses working in these clinics will be trained on mental health, and intervention and referral guidelines will be developed to manage common mental health problems.

The community mental health centres will be supported by providing specialized training and supervision for 90 community mental health workers. A training plan will be developed and operational policy will be established in all community centres. The centres will be supported to provide rehabilitation services for people with severe mental illness.

The project will support the strengthening of rehabilitation units in the two psychiatric hospitals, and establishment of two acute care units in two general hospitals to improve patient access to mental health services. Patient care between levels of services will be strengthened by establishing an information system, and developing a code of practice for mental health professionals and referral methods.

Individuals will be encouraged to seek health care through measures that improve accessibility to mental health services. The project will support the existing family and users associations in the West Bank and will establish a new association in the Gaza Strip. Civil society organizations will be supported in developing anti-stigma campaigns and improving mental health awareness among the population.

“People with mental illness are stigmatized and badly served by the health sector in the occupied Palestinian territory, as in the Region and most of the world. The programme is about improving services for people with mental health disease and changing attitudes,” summed up Mr Tony Laurance, WHO Representative for oPt. “It requires everyone to participate to achieve the goals.”

Mental health in occupied Palestinian territory

In the West Bank and Gaza Strip, mental disorders such as depression and anxiety, as well as more serious mental illness, such as schizophrenia, are underreported, under-resourced and under-treated. The occupation of the West Bank, blockade and siege of the Gaza Strip, violence, poverty and unemployment contribute substantially to the burden of mental health illness in the occupied Palestinian territory, and disproportionately affect the most vulnerable population groups – women, children and older people – as well as young adult men.

No reliable national data exist but WHO estimates that, globally, 25% of the general population can be expected to develop common mental disorders at some point in their lives, and some may develop serious mental illness. Comparing WHO surveys in post-conflict countries and local studies, WHO estimates that 5%–10% of the population in the oPt may currently suffer some form of common mental disorder; less than one in five of those in need currently accesses health care services: about 4500 individuals a year. Many Palestinians do not seek treatment as a result of neglect, or fear of discrimination or stigma. If treatment is sought and an accurate diagnosis is made, most mental disorders can be treated successfully at community mental health centres and with simple low-cost medications.

World Mental Health Day: focus on depression

Today, 450 million people in developed and developing countries suffer from mental disorders, contributing substantially to the burden of disability worldwide. Five of the 10 leading causes of disability result from mental health conditions. Mental and neurological disorders account for an estimated 12% of the total disability-adjusted life years (DALYs) lost due to all diseases and injuries, taking an enormous toll in terms of suffering, disability and economic loss.

WHO has identified depression as the most common mental health disease globally, and the leading cause of disability, as well as a risk factor for poverty. By 2020, depression is expected to be a leading cause of the global burden of disease, second only to ischemic heart disease.

Social determinants of mental health

WHO defines health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.” Mental health is a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community. In this positive sense, mental health is the foundation for individual well-being and the effective functioning of a community.

Mental health wellbeing requires that individuals enjoy the security and freedom provided by basic human rights, Rapid social change, stressful work conditions, gender discrimination, social exclusion, unhealthy lifestyle, risks of violence and physical ill-health and human rights

violations increase vulnerability, as do specific psychological and personality factors and some biological causes, including genetic factors and chemical imbalances in the brain.

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