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Evaluation of Mental Health Services In Gaza Strip, Palestine 1999

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Dedication

I would like to dedicate this work to my dear daughter, Farah and her mates, Palestinian children.

Acknowledgement

I am pleased to acknowledge the continuous encouragement and support of Dr. Yehia Abed in supervising this study. I wish also to thank Dr. Abdel Azziz Thabet for his support and help.

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Abdel Rahman Omer

Abstract

This study aims to provide an overview of the status of mental health services in the Gaza Strip. Mental health organizations and organizations contributing to mental health in the Gaza Strip were surveyed by two well-structured questionnaires about their mental health services and professionals working in these organizations.

There are five major mental health organizations: Public Mental Health Hospital (MOH), Community Mental Health Department (MOH), The Gaza Community Mental Health Program (NGO), Military Medical Services and UNRWA Health Department. Moreover, supports and inputs to mental health services come from a wide variety of reported nineteen organizations contributing to mental health services.

In Palestine, like different Arab countries, the ratio of mental health services to population, the space allocated to the study of mental health in medical curricula, are only a few of the health concerns.

The continuos Israeli occupation, the absence of an Independent State, and consequent instability in Palestine has created a situation where NGOs continue to play a major role in the provision of health services. The public expenditure on mental health of the total health budget in Palestine is not available and seems to be very poor. Mental hospital beds are about 7% of all hospital beds available. In Gaza Strip, most of mental health services are distributed inequally in different governorates and concentrated in Gaza City with percentage about 52.5% of total organizations (38.5% mental health services and 59.3% supporting services). In North Gaza, 12.5% (23.1% mental health services and 7.4% supporting services), In Gaza Midzone 10% (0% mental health services and 14.8% supporting services), in KhanYounis 15% (23.1% mental health services and 11.1% supporting services) and in Rafah 10% (15.4% mental health services and 7.4% supporting services).

The ratio of population per mental bed is 8,763 in Palestine and 29,182 population per bed in Gaza Strip. There are (39) beds in the only mental health hospital in Gaza City, with about 2.1% of all hospital beds and with a ratio of (0.1) psychiatrist and (0.3) mental health beds per 10,000 population. In 1999, there are 11 psychiatrists working in the five mental health organizations; with a ratio of 1 per 103,466 inhabitants.

In Palestine, there are several reasons to low affordable and effective mental health care, the main ones being: the low priority generally given to mental health, traditional centralization of mental health services in large psychiatric institutions and poor strategies. The need for community mental health services in the Gaza Strip is dire. It is increasingly evident that mental health care should no longer be provided in centralized institutions nor should its provision be concentrated in the hands of a limited number of mental health specialists. If basic mental health care is to be more accessible to a large population, it must be done through non-highly qualified and non-specialized community health workers at all levels from PHC workers, nurses and physicians to those out side the health service such as teachers. This indicates the urgent need for allocation of more resources both human and financial for the provision of community mental health services.

الخلاصة

تهدف هذه الدارسة إلى تقييم خدمات الصحة النفسية في قطاع غزة. ولهذه الغاية تم تصميم استبيانين لجمع البيانات اللازمة للدراسة . الاستبيان الأول صمم لجمع البيانات عن المؤسسات التي تقدم خدمات الصحة النفسية والخدمات المساندة للصحة النفسية لمعرفة إمكانيات هذه المنظمات والأنشطة والخدمات التي تقوم بها. أما الاستبيان الثاني فقد ركز على جمع البيانات من المهنيين العاملين في هذه المؤسسات عن تخصصاتهم ومؤهلاتهم العلمية ومستوى تدريبهم. هناك خمس مؤسسات تقدم خدمات الصحة النفسية بقطاع غزة وهي : مستشفى الطب النفسي، دائرة الصحة النفسية المجتمعية في وزارة الصحة، برنامج غزة للصحة النفسية المجتمعية وهو منظمة غير حكومية ، الخدمات الطبية العسكرية ودائرة الصحة التابعة للأونروا. أما المؤسسات الداعمة للصحة النفسية، فقد استجاب تسع عشرة مؤسسة من مجموع 31 مؤسسة تقدم خدمات داعمة للصحة النفسية من المنظمات الغير حكومية المنخرطة في أشكال العمل المجتمعي والتي تم التعرف عليها من دليل الأمم المتحدة للمنظمات الغير حكومية بغزة 1998.

إن تناسب خدمات الصحة النفسية المتوفرة في فلسطين وفى سائر البلاد العربية إلى احتياجات السكان وكذلك الحيز المخصص لدراسة الصحة النفسية في مناهج المعاهد الطبية والنفسية لا يتمتعان بالوزن الكافي من اهتمامات المعنيين بهذا الشأن.

ليس معروفا على نحو دقيق حجم الإنفاق على الصحة النفسية من إجمالي الإنفاق العام على الصحة في فلسطين، ولكن ظاهر الأمور يشير إلى المحدودية الكبيرة لهذا الإنفاق. إن نسبة الأسرة بمستشفيات الطب النفسي تشكل 7% من إجمالي الأسرة المتوفرة فى المستشفيات في فلسطين. وفي قطاع غزة هناك توزيع غير متساوي لخدمات الصحة النفسية والخدمات الداعمة لها في المناطق المختلفة، حيث تتركز معظم هذه الخدمات (52.5%) في مدينة غزة، بينما تحظى منطقة شمال غزة بنسبة 12.5% ، و المنطقة الوسطى 10%، وخانيونس 15% ورفح 15%. تبلغ نسبة أسرة الطب النفسي للسكان في فلسطين سريرا واحدا لكل 8,763 نسمة، بينما تبلغ النسبة فى قطاع غزة سريرا واحدا لكل 29,182 نسمة. هنالك 311 سريرا في مستشفيي الطب النفسي في فلسطين منها 39 سريرا في مستشفي الطب النفسي الوحيد بقطاع غزة. وتشكل هذه الأسرة في قطاع غزة ما نسبته 2.1% من إجمالي أسرة المستشفيات، وبذلك يكون هناك 0.3 سرير طب نفسي متوفر لكل 10,000 نسمة . أما نسبة الأطباء النفسيين لعدد السكان فتمثل 0.1 طبيب لكل 10,000فنسمة . في عام 1999 كان هناك 11 طبيباً مختصاً في الطب النفسي وهو ما يمثل نسبة طبيب واحد لكل 103,466 نسمة .

هناك أسباب متعددة لمحدودية وتدنى مستوى خدمات الصحة النفسية فى فلسطين، لعل أبرزها عدم تمتع الصحة النفسية بالأهمية اللائقة في قائمة الأولويات لصانعي السياسات بالإضافة إلى الإستراتيجية الضعيفة في هذا المجال والاتجاه إلى مركزة و مأسسة خدمات الطب النفسي في المستشفيات والمؤسسات الصحية.

كل ما سبق يوضح مدى الحاجة الملحة لتقوية خدمات الصحة النفسية في قطاع غزة وهذا لن يتأتي في ظل الإمكانيات المحدودة بدون التوجه إلى خدمات الصحة النفسية المجتمعية لتلبية احتياجات السكان المتزايدة في هذا المجال.

- **List of Abbreviations**

AL Shams	Society for the care of the handicapped-AlShams
Al-Amal	Al Amal Institution for the orphans,
BA	Bachelor of Arts (First university certificate)
CMHD	Community Mental Health Department
CTC	Community training center and crisis management.
DSCRS	Down's Syndrome Children's Right to live Society
ECT	Electro Convulsive therapy
EEG	Electro-encephalography
EL Wafa	El-Wafa Elderly Nursing Home
EMHJ	Eastern Mediterranean Health Journal
EMR	Eastern Mediterranean Region
GCMHP	Gaza Community Mental Health Program
Hope	Hope and Life association (Anti-drugs and Addiction)
Mg-CRC	Al Magazi Community Rehabilitation Center
MH	Mental Health
MMS	Military Medical services
MOE	Ministry of Education
MOE	Ministry of Education
MOEn	Ministry of Environment
MOH	Ministry of Health
MOSA	Ministry of social Affairs
NCCR	National Center for Community rehabilitation
NGO	Non Governmental Organization
NHP	National Health Plan
NSR	The National Society for Rehabilitation
PADC	Palestinian anti-drug abuse council
PARD	Palestinian Association for Rehabilitation of the Disabled.
Pav	Palestine Avenir
PCSPH	Palestinian Committee for Social and Psychological Health
PhD	Doctor of Philosophy
PMHH	Public Mental Health Hospital
PRCS	Palestinian Red Crescent Society
SPHCP	Society of Physically Handicapped people
UNRWA	United Nations for Work and Relief Agency for Palestinian Refugees
UNRWA E	UNRWA Education Department-Counseling section
WHC-Bj	Women's Health Center-Burej
WHO	World Health Organization

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Chapter 1

Introduction

Introduction

Mental health is often one of the most neglected areas of the health services (Wig 1989). This attitude is based on deeply held fears and prejudices against mental illness found in many communities, mixed with ignorance, wrong information and social stigma.

In many countries, even the health administrators still think that mental illnesses are not common in developing countries. Many of them believe that for these illnesses, the modern health services have nothing to offer. According to the World Health Organization (WHO) estimation, at least 300 million people are mentally ill in the world; 50 million or so have serious mental illness, and three quarters live in the developing countries (Wig, 1989). It is estimated that more than 1500 million people suffer from mental, neurological, and psychological disorders. A considerable proportion of these disorders could be avoided by the use of effective, affordable, and simple methods (WHO 1998). Most mental and neurological disorders have multiple and interacting causes with biological, psychological, and sociocultural components. A major finding of the Global Burden of Disease Project (GBDP) was the importance of mental disorders as a cause of disease burden, accounting for a quarter of the world's disability, and 9 percent of the total burden (Andrews et al 1998).

Existing systems for the delivery of mental health care have largely failed to meet the needs of most of world's population. Many of the systems are centralized, hospital-based and disease oriented. Such care is often inconsistent with the principle of social equity, particularly in developing countries (WHO 1990)

Over the past two decades, a revolution has taken place in the ideas about how services should be provided for mentally ill people. There has been a change from thinking in terms of providing centrally based hospitals specializing in mental illness with some community-based adjuncts to one that is nearly all community based in concept, placing as little restriction as possible on the patient's normal life.

Mental health services in Palestine are very limited and largely ineffective in addressing the psychosocial needs of the population. The continuos occupation, oppression, violence, and constant devastation directed against the Palestinian people for decades have a severe impact on the whole state of mental health among Palestinian people. Due to the lack of organized data on the psychiatric morbidity of the Palestinian population, the bulk of people who need some form of mental health care are difficult to estimate. It is believed that 30-40,000 is incapacitated by various mental and psychological problems, the majority of them do not seek help, fearing the stigmatization associated with specialized psychiatric care (Afana 1995). If the numbers of people affected by psychological disorders associated with physical disease or injuries and those affected by drug and substance abuse are added to the previous figures, it looks apparent that mental health