

### **Box 3 Case study: developing community mental health services in Palestine**

In Palestine, the mental health resources of the Ministry of Health have historically been concentrated in tertiary psychiatric facilities with minimal investment in community-based care. Other problems included outdated models of care (i.e. the biomedical treatment model), shortage of mental health professionals, lack of training for mental health and primary care workers and the large treatment gap for people who need mental health care but are not able to attain it due to lack of awareness, misconceptions, stigma and discrimination.

Since 2002 WHO, in collaboration with the Palestine Ministry of Health and other partners, has supported an ongoing process of mental health care reform throughout the West Bank and Gaza. Overall, the reform initiative seeks to: improve the accessibility to quality mental health services in all levels of care; develop a community-based care system for mental health; and improve health-care-seeking behaviour among patients in need of care.

Stigma towards mental health care among health workers remains a problem. Despite much effort, directors of general hospitals have so far refused to introduce psychiatric acute care beds. Without ongoing support from donors, the sustainability of the local Friends and Family Associations is a concern. While the merits of establishing such associations cannot be disputed, it is important to note that a high degree of organizational capacity-building and support may be needed for a sustained period of time. Mental health workers may not be best qualified to provide such support. It may be better to try to link these associations with well-established organizations.

The reform process has involved interventions at multiple levels and across all areas of West Bank and Gaza, with a potential impact on the entire population. The process of integration of mental health into primary health care was initially piloted in one district (including 7 clinics) in Gaza. After a successful 6-month pilot period, the programme was expanded to a second district. The current implementation plan involves moving to a new district at 6-month intervals, until all 5 Gaza districts are reached. The successful integration of mental health into primary health care has shown that it is possible to develop mental health services in low-resource and conflicted-affected settings.