

The First Psychological Report of Gaza Strip

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Arab Federation of Psychiatrists

Emergency and Disaster Psychiatry Section

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Soon after the start of the Israeli aggression on Gaza, the Arab Federation of Psychiatrists was among the first medical organizations that moved to provide psychological support required in such circumstances. It has issued the following statement: "It is the time to shift ourselves from the position of condemnation and denunciation to the development of forms for supporting people, each of us according to abilities and competence."

Specialists throughout the Arab world and fellow professionals working in non-Arab countries have called for such efforts, and, in response to this momentum, Prof. Ahmed Okasha, the president of the Arab Federation of Psychiatrists (AFP), has decided to establish the Emergency and Disaster Psychiatry section dealing with this crisis and other such future situations. In the light of the communication between Prof. Ahmed Okasha and Prof. Wail AbuHindy, chairperson of the section, colleagues in and outside Gaza, and from across the Arab Psychological Sciences Network www.arabpsynet.com, the decision has been made to organize

series of visits by psychiatrists, psychologists and specialists in Mental Health to Gaza.

On Wednesday, January 28th, 2009, at the Arab Medical Union, Dar el-Hekmah in Cairo, a training workshop was held under the title "The Psychological Aspects of the Aggression on Gaza", attended by more than sixty psychological and social specialists, and lectures delivered on Disaster Psychiatry and PTSD in Palestinian children and psychological effects of war scenes, followed by two workshops on dealing with children and adults as victims of wars and disasters.

Members of the delegation were: Dr. Wail AbuHindy, Professor of Psychiatry, Dr. Ahmed Mohammed Abdullah, Lecturer of Psychiatry, University of Zagazig, Dr. Ahmed Ahmed Dahbei, Consultant of Psychiatry in Mansoura, Dr. Walid WASFI, Junior Psychiatric Resident and Mr Abdulrahim A'rrify, psychologist, and Nancy NABIL social worker and expert in this field. .

The time we had to spend in Gaza was quite short (arrival on Sunday, 1:00-2:00 pm, departure on Wednesday, 2:00-4:00 pm) due to the insistence of the Egyptian authorities as the Rafah crossing will be closed at the crossing point, that members of the delegation had to sign pledge to return to Egypt the day before Thursday, February 5th) as Rafah crossing will be closed. The delegation had the chance to meet Dr. Bassem Naim, the Minister of Health and the Secretary of the Ministry of Education and visited the main psychiatric hospital in Gaza, accompanied by Dr. Ayish Sammourah director of Mental Health in Gaza, Dr. Hassan Khawajeh, president of the Emergency and Trauma Centre, Gaza Strip of the Ministry of Health.

It also visited the headquarters of the Gaza Community Mental Health Programme, where a meeting with Dr. Eyad Sarraj and Dr. Ahmed AbuToahinha was held.

Several visits to schools and nurseries in the district of Zeitoun in Gaza city and the Atatra area north of Gaza strip were also made. Professionals and volunteers from Gaza participated in the day of training held by the delegation which included strategies of confrontation and Stress Management and Coping Strategies, Problem Solving Techniques and Interactive Methods.

Through all of this, the picture appears to be as follows:
(1) It was obvious that a severe, continuous psychological injury on a broad scale and for an extended period of time was intentional and deliberate. Offenders were quite sure that they would escape punishment since no one monitored all these crimes of war actions in order to prosecute them. The propaganda and psychological warfare had the leading role in this aggression as we have seen and still it has.

(2) It was understandable that the magnitude of the crisis was tremendously larger than the capacity of all workers and activists in the field of mental health in Gaza whether the ministry of health or NGOs.

(3) It was clear that the aggression was against people, animals and trees, and buildings and stones in Gaza ...The intent was also unequivocal. For example, in the Zeitoun neighbourhood and the Atatra in the delegation had seen totally destroyed poultry and cattle farms. Some animal corpses showed that they were shot directly, bullets were in there.

Cultivated lands, olive fields and orange orchards have been scraped, some burned. uprooted and burned old Sycamore trees have been also observed.

4- Children have been subjected to direct threats of shooting; they also repeatedly witnessed their parents and/or family members being under such threat. They, children- more than 780,000 making up 55% of the population- have been vulnerable from a psychological point of view to nocturnal enuresis, hyper-arousal, sleep disorders, speech disturbances, and lack concentration are frequently observed.

Therefore, there is an urgent and strong necessity for children to be cared for. This is an appeal for help to all specialists in Child Psychiatry and Psychology all over the world, and their collaborators, to lend a helping hand. The entry of required tools to work with children should also be facilitated through Rafah or elsewhere.

The delegation has also started the application of measures for anxiety, depression, and panic. It plans for the future delegations to complete and add to its efforts.

The health sector in general and psychiatric division in particular, lacks quantitative and qualitative facilities and knowledge. It requires intervention at multiple levels, including immediate support, training and competency development. There are areas afflicted with aggression that have not yet received any psychological relief services.

The delegation has also noticed that, in general, psychological relief efforts are still scattered and limited at both quantity and quality levels, which requires immediate intervention from outside the Gaza Strip, so it calls for the efforts of co-workers in the field of mental health in general and dealing with such circumstances in particular to help.

It also important to confirm that psychological intervention is required, and it needs time to conduct interviews and establish a relationship with the affected persons, facts that people who work in the field should be prepared for.

The disaster section of AFP is continuing its efforts in carrying out its mission under the suffocating siege on Gaza Strip, to keep in touch with those interested and can provide an effort at any level, whether via direct intervention in the field or the efforts of training and staff development, or documentation of cases and research studies, or to facilitate the task of the Division carry out their roles.

The delegation has documented all these sad events by photographs and video.

What happened in Gaza is a scar on the conscience of humanity, and it is the duty of every free man in the forefront of specialists in mental social health to do what he can not to be part of this disgrace. This calamity puts our professional and ethical credibility to the test.

It seems that there is a lot of NGOs in Gaza and there is no coordination among them and between them and the ministry of health. We have 18 psychiatrists in Gaza working in the only mental Hospital (Capacity 20 male and 20 female in patients), however many of them are reluctant to work as they belong to an opposite fraction and being paid by the West Bank (Fatah!!). The Unicef is starting an attempt to liaison between ministry of health and NGOs including Gaza mental health program.

The next group of psychiatrists and psychologists belonging of the Arab Federation of Psychiatrists will leave to Gaza on Monday 9/ 2/ 2009 provided the Rafah crossing is open!!!!

I would like to take this opportunity to thank the Arab medical union for facilitating all logistics of transportation, accommodationetc for all medical specialties including our teams.

I hope that the WPA – WHO action plans, will take what is happening in the field into consideration in implementing their strategy.

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